



County Borough of Great Yarmouth

R E P O R T

of

**The Medical Officer
of Health**

The Port Medical Officer

and

**The Principal School
Medical Officer**

for the Year

1970



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**The Medical Officer
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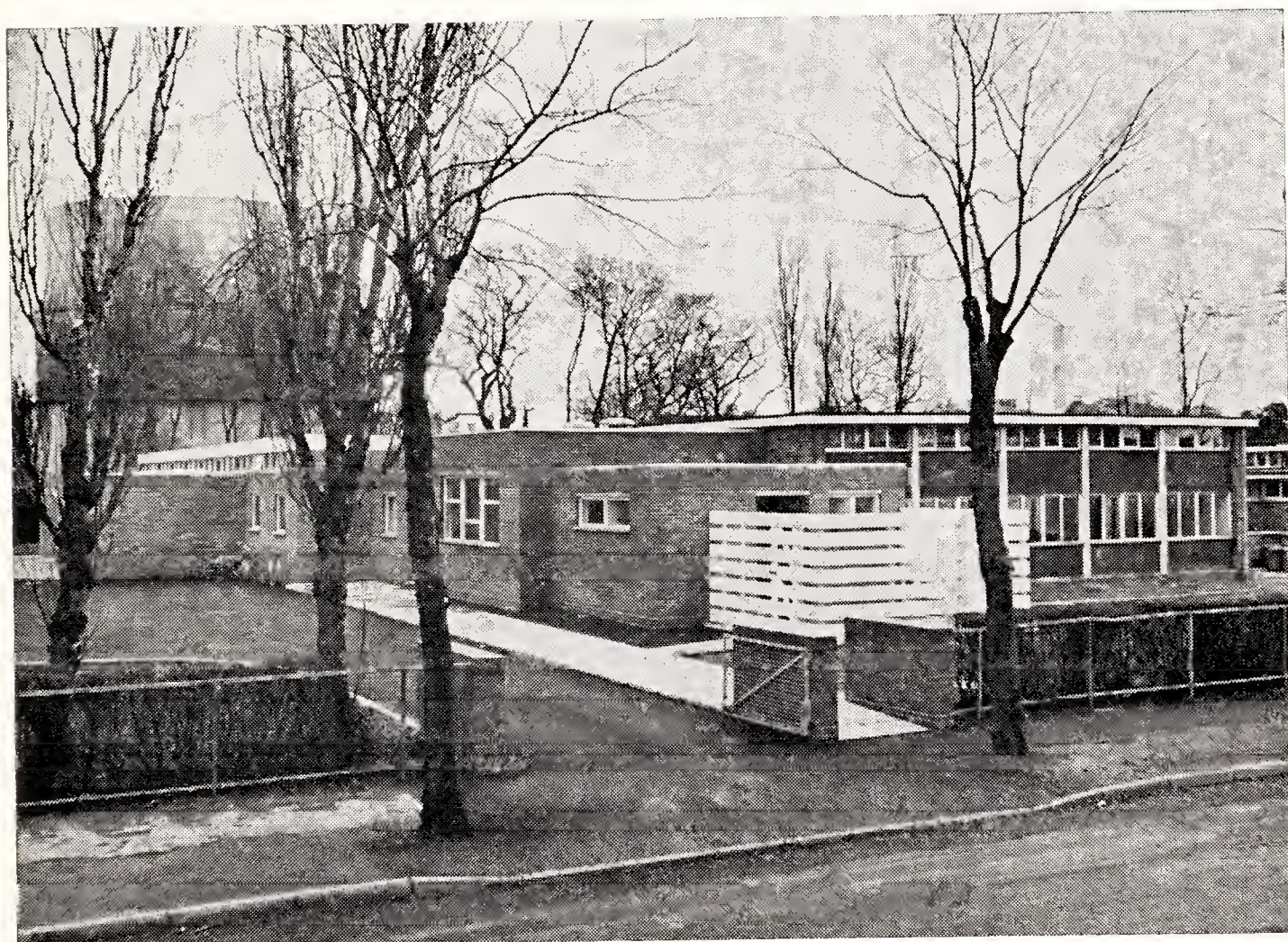
**The Principal School
Medical Officer**

for the Year

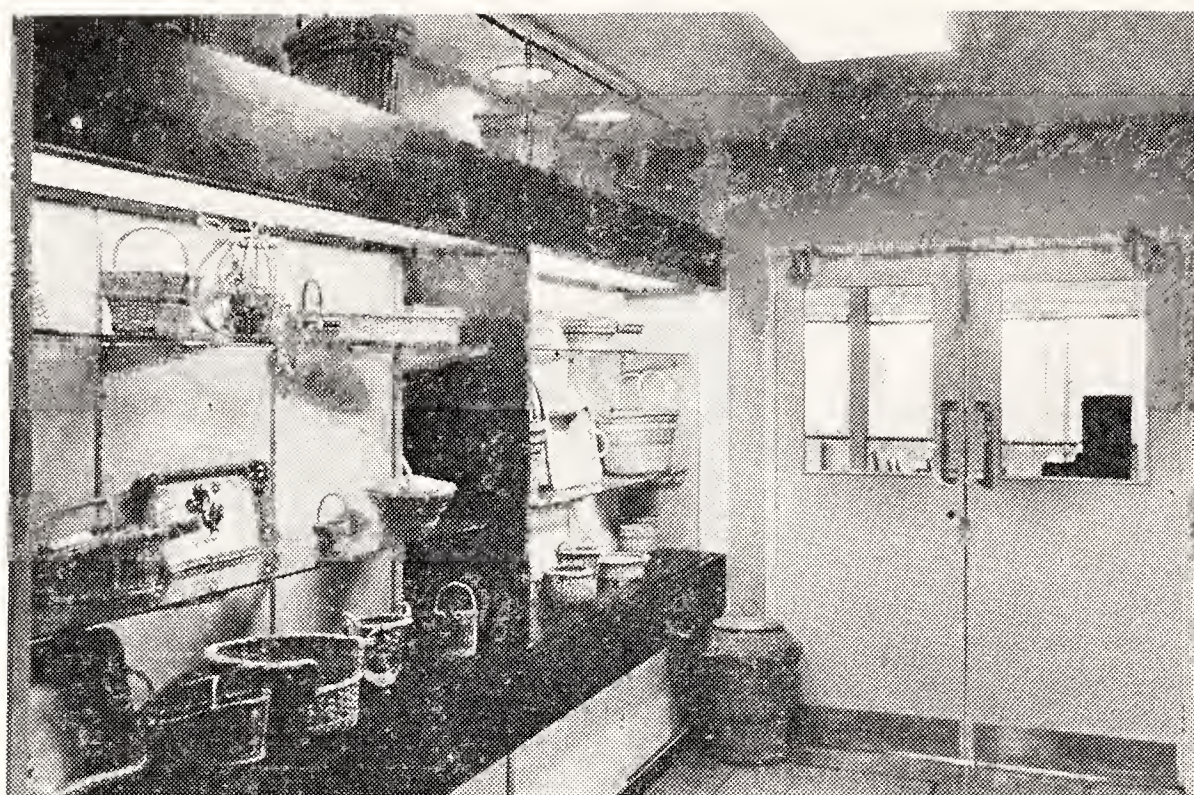
1970

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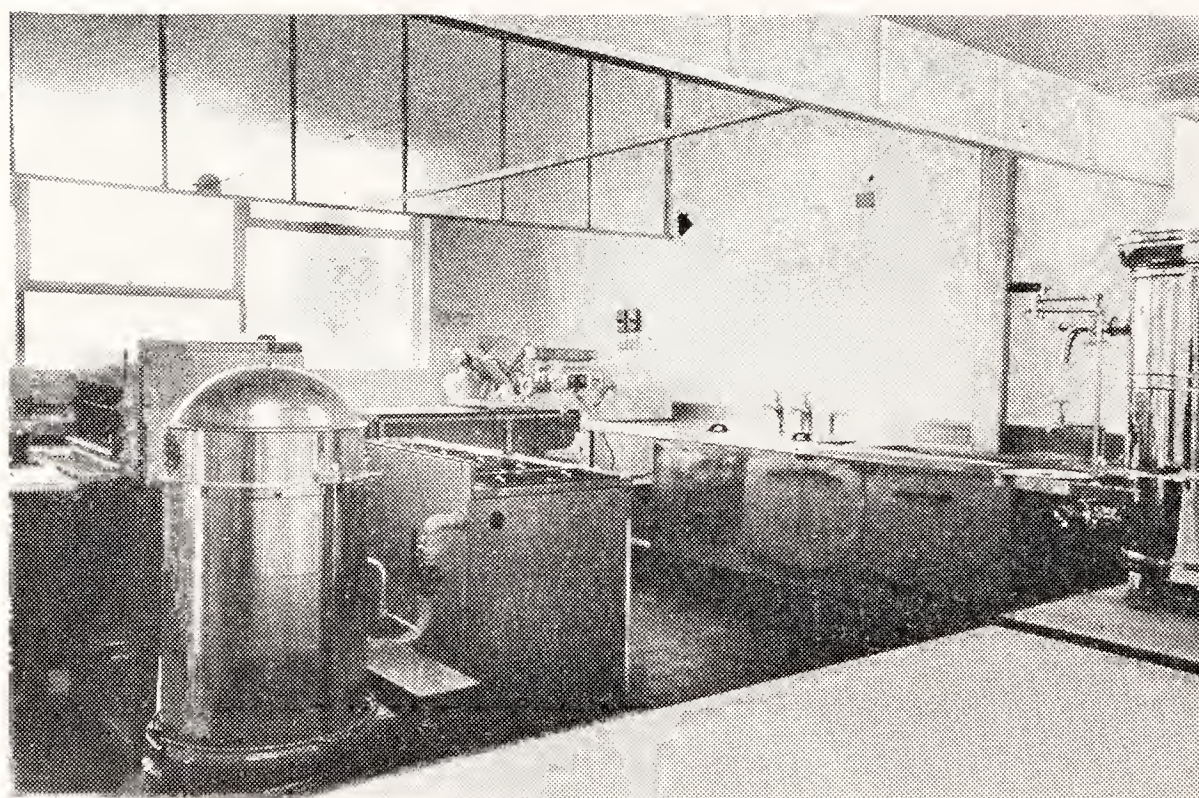
THE NEW ADULT TRAINING CENTRE



ENTRANCE LOBBY AND DISPLAY CABINET



STAFF ROOM



KITCHEN



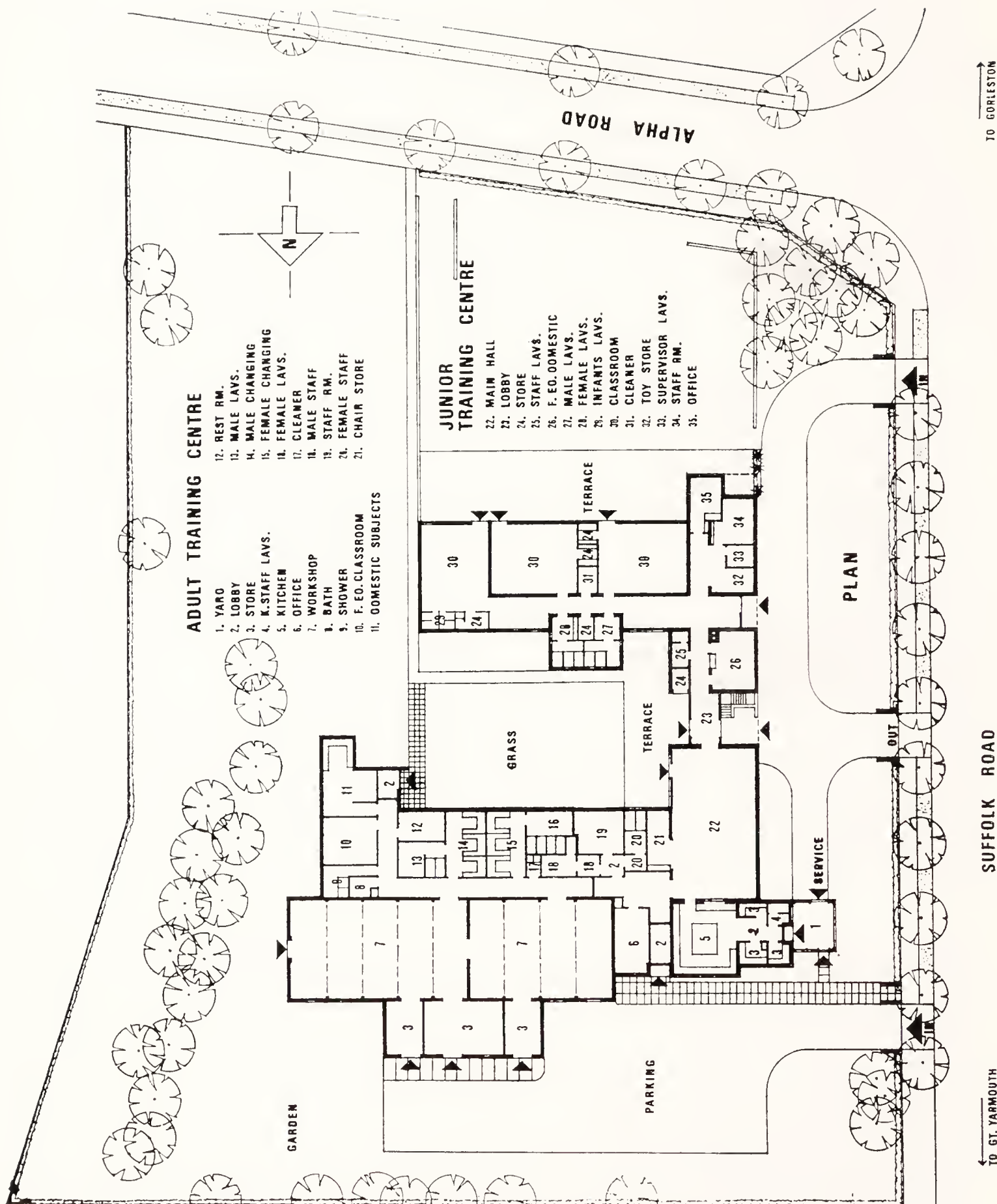
FIRST WORKSHOP



SIMULATED FLAT



SECOND WORKSHOP



PLAN OF THE TRAINING CENTRE

HEALTH COMMITTEE

1970 - 1971

The Mayor :

Councillor K. H. HAMMERTON

Chairman :

Councillor Mrs. O. R. HARVEY

Vice-Chairman :

Alderman Mrs. K. M. ADLINGTON, M.B.E., J.P.

Members :

Councillor D. E. ARNOLD

Councillor Mrs. C. BATLEY

Councillor R. P. BEAN

Councillor L. F. BUNNEWELL

Councillor F. J. COOK

Councillor Mrs. E. V. FLEET, J.P.

Councillor Mrs. I. E. HARRIS

Councillor B. T. HEMSLEY

Councillor Mrs. J. JOHNSON

Councillor F. J. SCOTT, J.P.

Councillor Mrs. E. M. WHITE

INTRODUCTION

Health Department,
Municipal Offices,
Hall Plain,
Great Yarmouth.

(Telephone : Great Yarmouth 3233).

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY BOROUGH OF GREAT YARMOUTH

YOUR WORSHIP, LADIES AND GENTLEMEN,

The figures given in the following pages indicate that the general health of the population of the Borough was maintained at a satisfactory level.

In a town of this size, small fluctuations in mortality figures are apt to produce a disproportionate change in the various rates, and this is shown in the increase in the neonatal mortality rate which this year exceeds the national figure. Deaths from cancer of the lung were lower than last year, although it will be noted from the table that 50% of the deaths were of persons under 64 years of age. Indeed, two deaths were recorded of persons within the 35-44 year group. Since it has now been clearly established that there exists a definite relationship between the regular inhalation of cigarette smoke and an increased chance of developing this disease, one can only view these figures with a bemused eye.

Ischaemic heart disease accounted for the largest group amongst the causes of death, and although the figures were slightly lower than in the previous year, this was offset by fewer deaths and the proportion remained the same at 26% of the total.

MENTAL HEALTH SERVICE.

It will be realised that, by the time this Report is published, much of the legislation introduced during 1970 will have become operative. During the year the Local Authority Social Services Act, 1970, and the Education (Handicapped Children) Act, 1970, became law, both statutes becoming effective on the 1st April 1971. The former transfers the Adult Training Centre and Mental Health Services to the new Social Services Department, and the latter transfers the Junior Training Centre to the Education Department. This department's long association with the mentally handicapped thus ceases officially in the New Year, and I would like to take this opportunity of personally thanking all the members of staff who are now under new management for their loyalty and devotion to duty which they have displayed in the past.

MIDWIFERY.

For some years there has been a decline in the number of domiciliary confinements. Ten years ago home confinements accounted for about 65% of all births – the figure for 1970 was 25%. Reference is

made in the main body of the report to the combined Local Authority/ General Practitioner Unit and at the time of writing I can report that the Unit is functioning well and is a further step towards the eventual target of complete freedom of choice for every expectant mother to have her child either at home or in hospital.

OTHER SERVICES.

The Chiropody Service was extended by the appointment of a second part-time Chiropodist during the year. This has enabled the service to give a better cover of the clinics and hostels, and has also allowed the start of a limited domiciliary service for those elderly people who experience difficulty in getting to the clinics.

The Local Authority Social Services Act, 1970, to which I have referred previously, transferred the Home Help Service to the new Social Services Department. The report on this section is, therefore, the last which will appear in this publication. The Service has been of great value to the Geriatric Health Visitors and indeed there has been a very close working relationship between the Health Visitors and the Assistant Home Help Organisers. Arrangements have been made to continue this liaison, albeit now on an interdepartmental basis.

The Ambulance Service underwent a change of command at the year's end with the appointment of Mr. B. Adams to replace Mr. J. Derry, who retired after nearly 25 years service with this Authority.

There were 872 cremations authorised by either myself or the Deputy Medical Referee during the year.

DR. KENNETH JOHN GRANT.

It is with great regret that I record the death of my predecessor, less than two years after his retirement. Dr. Grant was the seventh Medical Officer of Health of this Borough, and served the Authority for twenty years. Fuller and more worthy obituaries have been published elsewhere. Suffice to say that although at times he could be outspoken and controversial, his actions and advice were always dictated by his concern for the good of the town. He will be sadly missed by all those who were privileged both to know and work with him.

ACKNOWLEDGEMENTS.

Finally, I would like to record my appreciation of another good year's work carried out by the staff of the department, and offer my own thanks to the members of the Health Committee and to the Council for their continued support and encouragement.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant.

R. G. NEWBERRY.

Medical Officer of Health.

COUNTY BOROUGH OF GREAT YARMOUTH
STAFF OF THE HEALTH DEPARTMENT
1970

Medical Officer of Health

R. G. NEWBERRY, M.B., B.S., D.P.H.

Deputy Medical Officer of Health

W. STEWART, M.B.E., M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer of Health

MARGARET R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

Senior Dental Officer

B. C. CLAY, L.D.S., R.C.S.

Assistant Dental Officer

KATHERINE L. HARRIES, L.D.S., R.F.P.S (to 31.7.70)
(part-time from 1.9.70)

Public Analyst (Part-time)

E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.

Chief Public Health Inspector

*†F. T. PORTER

Deputy Chief Public Health Inspector

*†R. COLEMAN

District Public Health Inspectors

*L. V. BAILEY

*T. L. ARMITT

*†F. A. SADLER

‡D. POPE (to 31.3.70)

‡R. J. CUFFLIN (from 17.8.70)

‡M. MATTHEWS (from 29.10.70)

*Certificate of the Royal Sanitary Institute and
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for
Inspector of Meat and Other Foods.

‡Diploma Public Health Inspectors' Education
Board.

Pests Officer

A. O. SCOTT

Chiropodists

G. W. GILCHRIST, M.Ch.S., S.R.Ch. (full time)

MRS. E. M. BOAKS, M.Ch.S. (part time)

A. SYMEOU, M.Ch.S. (part-time from 1.4.70)

Superintendent Nursing Officer

MISS G. C. MOORE,

S.R.N., S.C.M., Q.N., H.V.CERT., P.H.NSG. ADMIN. CERT. (R.C.N.)

Senior Midwife

MRS. W. DONALDSON, S.R.N., S.C.M.

Midwives

MRS. B. BRYAN, S.C.M.

MRS. L. WILLIAMSON, S.C.M. (to 5.11.70)

MRS. M. E. CATON, S.E.N., S.C.M.

MRS. H. M. KEITH, S.E.N., S.C.M.

MRS. W. GREEN, S.R.N., S.C.M.

MRS. J. K. MICKLETHWAITE, S.R.N., S.C.M.

MISS M. S. CAREY, S.R.N., S.C.M.

MISS R. J. GOWER, S.R.N., S.C.M. (from 1.11.70)

Health Visitors

MISS D. M. CHASE, S.R.N., S.C.M., H.V.CERT.

MRS. B. I. EVERITT, S.R.N., S.C.M., M.T.D., H.V.CERT.

MRS. J. M. RUSSEL, S.R.N., S.C.M., H.V.CERT.

MISS D. K. WALTON, S.R.N., S.C.M., H.V.CERT.

MISS L. CARTER, S.R.N., S.C.M., H.V.CERT.

MISS A. C. READ, S.R.N., S.C.M., H.V.CERT.

MRS. S. M. DREW, S.R.N., H.V.CERT.

Tuberculosis Visitor (Part-time)

MRS. J. FERNANDEZ, S.R.N.

Senior Nurse

MRS. M. E. GARDINER, S.R.N., Q.N.

District Nurses

MISS N. BISHOP, S.E.N. (to 30.6.70)

MRS. K. ELLIS-SMITH, S.E.N.

MRS J. SEAMAN, S.R.N., D.N.CERT.

MRS. S. E. LEKERMANN, S.R.N.

MRS. R. WILKINSON, S.R.N.

MRS. E. M. PUGH, S.R.N., Q.N.

MRS. I. COOKE, S.R.N., Q.N.

MRS. P. R. BROWN, S.R.N., Q.N.

MRS. M. E. HEAD, S.R.N., Q.N.

MRS. D. DOUBLE, S.R.N. (from 1.7.70)

Mental Welfare Officers

MISS A. BENSON

R. W. BIRD (part-time)

J. WOODCOCK (part-time)

B. HENDER (part-time)

Assistant Domestic Help Organisers

MISS B. J. PAGE

MRS. C L. WEBSTER

Ambulance Officer

J. DERRY

Chief Clerk

A. G. SHOBRIDGE

STATISTICS

Population—Census 1961	...	...	...	52,970
Population 1970 (estimated by Registrar-General, mid-year)				50,180
Area of the Borough including all inland waters (acres)	...			4,533
Area of land not covered by water (acres)	...	...		3,680
No. of persons per acre	...	...	...	13.6
Rateable value (1st April 1970)	...	...	...	£2,477,745
Product of a penny rate 1970-71	...	...	...	£10,062

* * *

Live Births.				Males	Females	Total
Legitimate	...	...	...	284	264	548
Illegitimate	...	...	...	42	42	84
				<hr/>	<hr/>	<hr/>
				326	306	632

Crude live birth rate per 1,000 population	...	...	12.6
Adjusted birth rate (area comparability factor 1.08)	...		13.6
Illegitimate live births per cent of total live births	...		13.0

Stillbirths :—

Number	...	...	...	3
Rate per 1,000 total live and stillbirths	...	...		5.0
Total live and stillbirths	...	...	...	635
Infant deaths (deaths under 1 year)	...	...		11

Infant mortality rates :—

Total infant deaths per 1,000 total live births	...		17.0
Legitimate infant deaths per 1,000 legitimate live births			15.0
Illegitimate infant deaths per 1,000 illegitimate live births			36.0
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	14.0
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	13.0
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	...		17.0

Maternal mortality (including abortion) :—

Number of deaths	...	...	...	—
Rate per 1,000 total live and stillbirths	...	...	...	—

* * *

				Males	Females	Total
Deaths	...	...	...	370	372	742
Crude death rate per 1,000 population				...	...	14.8
Adjusted death rate (area comparability factor 0.78)				...	...	11.5

METEOROLOGY

The early months of the year were generally very cold, and wintry conditions continued into spring with snow falling as late as April. The months of May, June and July provided good sunny and dry periods and this favourable weather continued up to mid October, apart from some rather cold spells during August and September.

Moderate conditions followed until Christmas when very cold weather returned accompanied by snow.

The following table is based on statistics included in the Registrar-General's weekly returns for England and Wales and gives particulars of weather observed at the Gorleston Meteorological Station.

Month	Temperature of the Air				Rainfall in Milli- metres	Sunshine	
	Highest	Lowest	Mean Maxi- mum	Mean Mini- mum		Mean Daily	Mean length of day
	°C	°C	°C	°C		hours	hours
January	9.6	- 5.0	5.2	1.7	44	0.8	8.1
February	11.3	- 4.5	5.5	- 0.1	49	3.6	9.6
March	14.4	- 4.3	6.2	- 0.3	40	3.8	11.5
April	16.0	- 2.0	9.5	1.7	85	3.5	13.4
May	21.0	- 0.2	13.2	7.7	33	6.1	15.4
June	21.6	9.3	17.6	12.7	2	10.3	16.6
July	25.5	8.9	18.7	12.3	45	5.8	16.5
August	21.4	8.0	18.6	13.7	21	6.5	15.1
September	23.8	7.0	18.4	11.6	49	5.0	13.0
October	21.2	3.6	9.5	9.5	44	3.7	10.9
November	16.2	- 0.6	6.1	6.2	118	2.2	8.9
December	11.8	- 0.3	8.0	3.8	45	1.7	7.7

POPULATION

The estimated mid-year population as given by the Registrar-General was 50,180. This was 580 less than last year and the lowest estimate since 1948 – when it was 50,140. During the intervening 22 years between 1948 and 1970 the population has never fallen below 50,000, nor risen above 53,000.

The number of deaths exceeded the number of births by 110 and so there was no natural increase in the population. This situation was caused by the low number of births (the lowest ever recorded) rather than an unusual rise in the number of deaths.

MARRIAGES

There were 532 marriages registered during the year which was 14 above last year's figure.

BIRTHS

LIVE BIRTHS.

There were 632 births (326 males and 306 female) after allowing for inward and outward transfers. This number, which is 106 lower than last year, and the resulting rate of 13.6 per 1,000 of the population, were the lowest ever recorded.

The provisional national rate was 16.0 per 1,000 population. Of the 632 births 84 were illegitimate, thus giving an illegitimate live births per cent of total live births of 13.0.

STILLBIRTHS.

The number of stillbirths at 3 and the rate per 1,000 total live and stillbirths at 5.0 were the lowest ever recorded. The following table demonstrates clearly the general improvement in the local still-birth rate over the past 40 years.

Year	Number	Rate per 1,000 total live and stillbirths
1931	31	35.4
1941	23	38.8
1951	15	20.2
1961	17	21.7
1970	3	5.0

DOMICILIARY BIRTHS.

The trend towards more births taking place in hospital and fewer at home continued. Nationally, about 16% of all mothers are confined in their own homes under the care of the family doctor and domiciliary midwife. The local rate, which used to be one of the highest in the country, is following the national pattern and is now down to 24%.

MORTALITY

The local death rate per 1,000 population was 11.5 and the national rate 11.7. These figures have remained at around this rate for the past 20 years. The number of deaths attributable to the Borough after adjustment for inward and outward transfers, was 742 (370 males and 372 females).

The table below gives the number of deaths for each sex and the percentage of deaths at various age groups.

Sex Incidence and Percentage of Deaths in Age Groups				
	Males	Females	Total	% of total
Under 1 year	10	1	11	1.5
1 and under 5	—	2	2	0.3
5 and under 15	2	—	2	0.3
15 and under 25	1	5	6	0.9
25 and under 35	3	4	7	0.9
35 and under 45	6	5	11	1.5
45 and under 55	22	17	39	5.2
55 and under 65	53	31	84	11.3
65 and under 75	104	81	185	24.9
75 and over	169	226	395	53.2
Total 1970	370	372	742	

It will be seen that deaths of persons over the age of 65 number 580 or 78% of the total number of deaths. It is interesting to compare this with the figure for sixty years ago, when the percentage of deaths in this age group was only 31%.

A table giving particulars of the causes of death in age groups is shown on page 18. This table uses the international categories adopted by the Registrar-General.

The main causes of death were heart disease, cancer and vascular lesions of the nervous system. The numbers of deaths in each of these categories during the past two years, together with the rate per 1,000 population and the percentage of total deaths is shown in the following table.

Cause of death	1970			1969		
	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
Heart disease—						
all forms	245	4.9	33.02	226	4.4	29.3
Cancer—						
all forms	130	2.6	17.52	145	2.8	18.7
Vascular lesions of central nervous system	103	2.5	13.88	92	1.8	11.9

Of the 130 total deaths from cancer, 34 (27 males and 7 females) or approximately one quarter were from cancer of the lung/bronchus. There were 66 female deaths from cancer and of these 15 (23%) were due to breast cancer.

INFANT MORTALITY.

There were 11 deaths (10 male and 1 female) of infants under the age of one year. This resulted in an infant mortality rate of 17.0 per 1,000 live births. The national rate was 18 per 1,000. This was the same as in 1969 and was the lowest ever recorded.

NEONATAL MORTALITY.

This term refers to deaths of infants occurring within the first four weeks of life. Of the 11 infant deaths referred to in the previous section, 9 were in this group. The local neonatal rate was thus 14.0 per 1,000 live births compared with the national rate 12.0 per 1,000.

PERINATAL MORTALITY.

This is used to describe the combination of stillbirths with deaths occurring during the first week of life. Eight of the 9 deaths mentioned in the Neonatal Section were in this category and these, together with 3 stillbirths, produced a rate of 17.0 per 1,000 total live and stillbirths compared with the national rate of 23.0

MATERNAL MORTALITY

There were no deaths attributable to maternal causes.

VITAL STATISTICS
GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			STILLBIRTHS			PERINATAL MORTALITY		
		Number	Rate per 1,000 population		Number	Rate per 1,000 population		Number	Rate per 1 000 live births		Number	Rate per 1,000 live births		Number	Rate per 1,000 total live and stillbirths		Number	Rate per 1,000 total live and stillbirths	
		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales		Great Yarmouth	England & Wales	
1931†	56,769	844	14.8	15.8	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41	No figures available		
1946	43,370	1,048	24.2*	19.2	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2	51	46.7	44.3
1947	47,410	1,078	22.7*	20.5	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1	50	45.0	40.3
1948	50,140	951	19.0*	17.8	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2	34	35.0	38.5
1949	50,460	813	16.1*	16.7	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7	41	49.0	38.0
1950	51,310	771	15.2	15.8	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6	39	49.0	37.4
1951†	51,105	729	14.4	15.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1	27	36.3	38.2
1952	50,900	739	14.7	15.3	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7	27	35.7	37.5
1953	51,300	715	14.1	15.4	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5	27	36.8	36.9
1954	51,550	782	15.6	15.2	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0	23	31.4	38.1
1955	51,600	696	13.9	15.0	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.2	28	39.4	37.4
1956	51,500	738	14.8	15.6	656	11.9	11.7	17	23.0	23.8	14	19.0	16.8	21	27.7	22.9	32	44.8	36.7
1957	51,500	746	14.8	16.1	657	11.9	11.5	16	21.5	23.1	10	13.4	16.5	16	21.0	22.5	25	32.8	36.2
1958	51,400	704	13.9	16.4	660	11.5	11.7	13	18.4	22.5	11	15.6	16.2	17	23.5	21.5	25	34.7	35.0
1959	51,300	740	14.7	16.4	722	12.6	11.6	12	16.2	22.2	7	9.4	15.9	15	19.8	20.8	21	27.8	34.1
1960	51,500	769	15.2	17.1	682	11.6	11.5	13	16.9	21.8	8	10.4	15.5	14	17.8	19.8	21	26.8	32.8
1961†	52,970	766	14.8	17.5	697	11.5	11.9	13	16.9	21.4	9	11.7	15.3	17	21.7	19.0	24	30.6	32.0
1962	52,450	799	15.5	17.9	658	10.5	11.9	12	15.0	21.7	12	15.0	15.1	13	16.0	18.1	25	30.8	30.8
1963	52,670	815	16.7	18.1	811	12.9	12.2	17	20.8	21.1	10	12.3	14.3	12	14.5	17.2	21	25.4	29.3
1964	52,720	789	16.2	18.4	698	11.1	11.3	18	22.8	19.9	11	13.9	13.8	15	18.6	16.3	23	28.6	28.2
1965	52,700	814	16.7	18.1	752	11.1	11.5	17	20.9	19.0	13	16.0	13.0	8	9.7	15.8	20	24.3	26.9
1966	52,420	710	14.6	17.7	724	11.2	11.7	20	28.2	19.0	15	21.1	12.9	16	22.0	15.4	29	39.9	26.3
1967	51,910	775	16.1	17.2	686	10.6	11.2	11	14.2	18.3	8	10.3	12.5	14	17.7	14.8	21	26.6	25.4
1968	51,290	713	15.0	16.9	764	11.6	11.9	15	21.0	18.3	9	12.6	12.4	9	12.5	14.3	18	24.9	24.7
1969	50,760	738	15.7	16.3	773	11.7	11.9	12	16.0	18.0	7	9.0	12.0	5	7.0	13.0	11	15.0	23.0
1970	50,180	632	13.6	16.0	742	11.5	11.7	11	17.0	18.0	9	14.0	12.0	3	5.0	13.0	11	17.0	23.0

* Crude rate.

† Census Years.

COUNTY BOROUGH OF GREAT YARMOUTH.

CAUSES OF DEATH BY SEX AND AGE GROUP.

1970

Cause of death	Males	Females	Age Groups										Total 1970	
			Under 4 weeks	4 wks. & under 1 yr.	1 - 4 years	5 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65 - 74 years		75 + years
Malignant Neoplasm Intestine ...	3	10	—	—	—	—	—	—	—	1	—	4	8	13
Tuberculosis of respiratory system ...	1	—	—	—	—	—	—	—	—	—	—	—	1	1
Malignant Neoplasm Larynx ...	1	1	—	—	—	—	—	—	—	—	—	1	1	2
Malignant Neoplasm Oesophagus ...	3	—	—	—	—	—	—	—	—	1	—	2	—	3
Malignant Neoplasm Buccal Cavity ...	3	—	—	—	—	—	—	—	—	—	1	1	1	3
Malignant neoplasm—stomach ...	7	3	—	—	—	—	—	—	—	1	4	2	3	10
Malignant neoplasm—Lung, bronchus ...	27	7	—	—	—	—	—	—	2	4	10	12	6	34
Malignant neoplasm—breast ...	1	15	—	—	—	—	—	—	1	2	6	3	4	16
Malignant neoplasm—uterus ...	—	7	—	—	—	—	—	—	—	1	1	2	3	7
Leukaemia ...	1	2	—	—	—	—	—	—	—	1	1	—	1	3
Other malignant neoplasms, etc. ...	15	21	—	—	1	—	1	1	1	6	3	9	14	36
Malignant Neoplasm Prostate ...	3	—	—	—	—	—	—	—	—	—	—	—	3	3
Diabetes Mellitus ...	—	5	—	—	—	—	—	—	—	—	—	2	3	5
Other endocrine, etc., diseases ...	—	2	—	—	—	—	—	—	—	—	—	1	1	2
Anaemias ...	1	1	—	—	—	—	—	—	1	—	—	1	—	2
Other diseases of nervous system, etc. ...	2	1	—	—	—	—	—	—	—	1	1	—	1	3
Chronic rheumatic heart disease ...	4	3	—	—	—	—	—	—	—	1	2	2	2	7
Hypertensive disease ...	6	4	—	—	—	—	—	—	—	—	—	5	5	10
Ischaemic heart disease ...	112	87	—	—	—	—	—	1	3	12	25	55	103	199
Other forms of heart disease ...	10	19	—	—	—	—	—	—	—	1	1	4	23	29
Cerebrovascular disease ...	43	60	—	—	—	—	—	—	—	2	7	32	62	103
Other diseases of circulatory system ...	23	30	—	—	—	—	—	—	1	—	6	7	39	53
Influenza ...	6	1	—	—	—	1	—	—	—	1	2	3	—	7
Pneumonia ...	41	46	—	—	—	—	1	1	—	1	3	15	66	87
Bronchitis and emphysema ...	17	8	—	—	—	—	—	—	—	—	3	11	11	25
Asthma ...	1	1	—	—	—	—	—	1	—	—	1	—	—	2
Other diseases of respiratory system ...	3	4	—	1	—	—	—	—	1	—	1	2	2	7
Peptic ulcer ...	4	2	—	—	—	—	—	—	—	1	2	1	2	6
Intestinal obstruction and hernia ...	1	1	1	—	—	—	—	—	—	—	—	—	1	2
Other diseases of digestive system ...	2	2	—	—	—	—	—	—	—	—	1	1	2	4
Nephritis and nephrosis ...	1	—	—	—	—	—	—	—	—	—	—	1	—	1
Diseases of Skin, Subcutaneous Tissue ...	1	—	—	—	—	—	—	—	—	—	—	1	—	1
Other diseases, genito-urinary system ...	6	—	—	1	—	—	—	—	—	1	—	—	4	6
Cirrhosis of liver ...	2	—	—	—	—	—	—	—	—	—	1	1	—	2
Diseases of musculo-skeletal system ...	2	4	—	—	—	—	—	2	—	—	1	—	3	6
Congenital anomalies ...	2	1	—	—	1	—	—	1	—	—	—	1	—	3
Birth injury, difficult labour, etc. ...	3	—	3	—	—	—	—	—	—	—	—	—	—	3
Other causes of perinatal mortality ...	5	—	5	—	—	—	—	—	—	—	—	—	—	5
Other ill-defined conditions ...	—	5	—	—	—	—	—	—	—	—	—	—	—	5
Motor vehicle accidents ...	2	1	—	—	—	1	1	—	—	—	—	—	1	3
All other accidents ...	3	13	—	—	—	—	1	—	—	—	—	2	13	16
Suicide and self-inflicted injuries ...	1	2	—	—	—	—	—	—	—	1	1	—	1	3
All other external causes ...	1	3	—	—	—	—	2	—	1	—	—	1	—	4
TOTAL	370	372	9	2	2	2	6	7	11	39	84	185	395	742

INFECTIOUS DISEASES

The incidence of notifiable diseases was again low. The table on page 22 gives in age groups the number of notifications received.

MEASLES.

By far the largest number of notifications was in respect of measles. At 493 this was 194 more than the 299 notified in 1969. The pattern in Great Yarmouth continues to be unpredictable, and what should have been a year with a comparatively low incidence has turned out to be the opposite. The table below shows the age distribution of cases and a study of the current year compared to previous years shows again the lack of any pattern within the various age groups. One fact however is clear. The majority of cases occur in the first five years of life. Over the last ten years 63% of all notified cases of measles occurred in this age group. The bulk of the remainder falling into the 5-10 year group. It is therefore regrettable that there is an apparent resistance to measles immunisation, only 249 young children being immunised against the disease. This compares badly with the figure of 608 children who were immunised against diphtheria, whooping cough and tetanus, and the 596 who received protection against poliomyelitis.

MEASLES : CASES BY AGE AND PERCENTAGES IN AGE GROUPS

Year	0-	1-	3-	5-	10-	15-	25-	45-	Total
1970	21 (4.3)	132 (26.7)	171 (34.7)	149 (30.2)	10	7 (4.1)*	3	—	493
1969	13 (4.4)	67 (22.4)	107 (35.8)	108 (36.1)	3	1 (1.3)*	—	—	299
1968	17 (4.8)	107 (29.9)	116 (32.4)	109 (30.4)	6	2 (2.5)*	1	—	358
1967	6 (3.9)	51 (33.5)	45 (29.6)	46 (30.3)	2	1 (2.7)*	—	1	152
1966	12 (7.5)	51 (32.1)	71 (44.7)	20 (12.6)	4	1 (3.1)*	—	—	159
1965	25 (2.5)	207 (20.6)	332 (33.0)	428 (42.5)	8	7 (1.4)*	—	—	1007
1964	7 (3.3)	57 (26.6)	71 (33.2)	76 (35.5)	2	1 (1.4)*	—	—	214
1963	8 (3.5)	64 (27.6)	59 (25.4)	92 (39.6)	7	2 (3.9)*	—	—	232
1962	9 (1.7)	119 (22.1)	150 (27.8)	252 (46.7)	4	3 (1.7)*	2	—	539
1961	18 (4.7)	84 (21.8)	116 (30.0)	160 (41.5)	7	1 (2.0)*	—	—	386

(Percentages shown in brackets)

(* Combined percentage for last four groups)

FOOD POISONING.

Four cases of Food Poisoning came to the notice of the department during the year. They were isolated cases involving residents of the town. Two of the cases, ascertained by laboratory reports, were of *Salmonella typhimurium*. The two other cases, which were notified by general practitioners, were *Salmonella anatum*. As is unfortunately often the case, thorough investigation failed to reveal the source of the infection.

TUBERCULOSIS.

The number of cases on the Tuberculosis Register at the end of 1970 was 301 compared with 307 at the end of 1969. They were classified as follows :—

	Male	Female	Total
Pulmonary	149	127	276
Non-Pulmonary	19	6	25
Total	168	133	301

New Cases.

The number of cases which came to notice was 10 of which 9 were formal notifications and 1 a transfer from another area. The number of notifications gives a rate for all forms of the disease of 0.18 per thousand population, compared with 0.06 in 1969. The following table gives an analysis of the notifications by age and sex.

	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary														
Males	—	—	—	—	—	—	—	—	1	1	3	3	—	8
Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Pulmonary														
Males	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—

More detail with regard to new cases is given in the section of the report which deals with the prevention of illness, care and after-care.

The number of notifications and deaths from all forms of the disease with resultant rates per 1,000 population for each year since 1959 are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1959	19	1	0.37	0.02	3	—	0.06	—
1960	7	4	0.13	0.08	6	1	0.12	0.02
1961	12	1	0.22	0.01	—	—	—	—
1962	6	3	0.11	0.05	3	—	0.05	—
1963	13	1	0.25	0.02	3	—	0.06	—
1964	13	2	0.22	0.04	2	1	0.04	0.02
1965	6	3	0.11	0.05	—	1	—	0.02
1966	7	—	0.13	—	—	—	—	—
1967	10	2	0.19	0.04	1	—	0.02	—
1968	10	1	0.19	0.02	1	1	0.02	0.02
1969	1	2	0.02	0.04	1	—	0.02	—
1970	8	1	0.16	0.02	1	—	0.02	—

VENEREAL DISEASES.

The physician in charge of the Treatment Centre gives the following information in his annual statistical table.

There were five new cases of syphilis during 1970. Of these, one was secondary syphilis, and four were latent syphilis. Three cases were male and two female.

There were 24 cases of gonnorrhoea in residents of Great Yarmouth, contracted in Great Yarmouth, and 8 cases contracted elsewhere but treated at the Great Yarmouth Clinic. Of the total, 22 were male and 10 female.

Of the 344 new cases seen at the Clinic at Estcourt Hospital, 110 did not require treatment in the centre. Sixty-four were suffering from non-gonococcal urethritis and 129 received other forms of treatment. Two hundred and sixteen of the 344 were residents of Great Yarmouth.

NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups										Total 1970	Total 1969
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65 + known			
Scarlet Fever	—	—	3	3	1	2	—	—	—	—	9	8
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—
Measles	21	132	171	149	10	7	3	—	—	—	493	299
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	2
Dysentery	2	—	—	—	—	2	1	—	—	—	5	4
Typhoid/para- typhoid fever	—	—	—	—	—	—	—	—	—	—	—	2
Food poisoning	—	1	—	—	—	—	1	2	—	—	4	2
Infective hepatitis	—	—	—	2	1	2	1	—	—	—	6	5
Encephalitis Acute infective	1	—	—	—	—	—	—	—	—	—	1	—
Encephalitis Post infectious	—	—	—	—	—	1	—	—	—	—	1	—
									Total		519	322

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CARE.

Midwives undertake ante-natal care either in the clinics or in the patients' own homes, as part of their routine duties. Clinic sessions are held weekly from 2-4 p.m. on Monday afternoons in Yarmouth and Tuesday afternoons in Gorleston. The booking sessions are now included in the ante-natal sessions because of the fall in the number of domiciliary bookings.

Post-natal examinations are carried out at the doctors' surgeries. The student midwives who spend the last three months of their Part II Midwifery training on the district make the appointments with the doctors for their patients to attend, and are in attendance for the examination.

PARENTCRAFT AND RELAXATION CLASSES.

These classes have followed the pattern of previous years but they have been extended to include husbands at some of the classes and this has proved popular. Classes have remained small but this enables the mothers to participate in lively discussions. Various visual aids have been used in the teaching and student midwives have taken an active part in this side of the work. The number of patients who attended was 75 and the total number of attendances was 390.

MATERNITY OUTFITS.

Approximately two years ago arrangements were made with the Central Sterile Supply Department at the Maternity Unit, Northgate Hospital for the supply of these packs and this has proved to be a very satisfactory arrangement. The initial number of 20 boxes has been found to be adequate for the needs of the domiciliary staff. After use they are returned to the C.S.S. Department for replenishing and re-sterilisation. Each midwife holds one or two of these packs and she carries a supply of small sterile packs in addition to those required for delivery.

THE "AT RISK" REGISTER.

The "At Risk" register in the department has been maintained. Its purpose is to identify at the earliest possible stage infants who are at risk of developing handicapping conditions with a view to ensuring that they obtain special supervision, and if necessary, prompt treatment.

As reported in previous years, all midwives, both in hospital and domiciliary practice, provide the information on the notification of birth cards which are enclosed in sealed envelopes for complete confidential cover. Health Visitors have been advised of the conditions to look for and they compile the register with advice where necessary

from either the Senior Medical Officer of Health or the general practitioner. The Register is reviewed periodically and the names of children who are developing normally are removed. At the end of the year there were 149 children on the register.

CONGENITAL ABNORMALITIES.

As reported in previous years, the Department of Health and Social Security introduced a scheme in 1963 for ascertaining and reporting to the General Register Office all congenital abnormalities apparent at birth. The information is obtained from the notification of birth cards with additional information provided, when necessary, by a hospital consultant. The following table shows details of the 14 cases reported to the General Register Office during 1970 :—

Hare lip and cleft palate	3
Cleft palate	1
Congenital dislocation of the hip	3
Talipes bilateral	1
Exomphalus	1
Talipes and Exomphalus	1
Hypospadias	1
Congenital heart	1
Polydactyly	1
Extensive "port wine" naevi	1

Congenital dislocation of the hip is now regarded as a preventable condition. Susceptibility to it can be diagnosed by a "click" test and preventive measures can be instituted. Since 1963 all midwives and health visitors have been trained to carry out this test and it is applied to all babies born in the area. All suspicious cases are referred to the general practitioner or to the orthopaedic surgeon.

PREMATURE BABIES.

The care of premature babies has been the responsibility of the Paediatric Health Visitor for several years. She visits the homes of babies born in hospital before they are discharged to ensure that facilities for their care, especially the heating arrangements, are adequate. She consults with the sister in charge of the Special Care Unit and meets the mothers whilst they are in hospital so that a friendly relationship is established before she visits them at home.

The table on page 25 gives details of premature births. Of the 34 live premature births only two were nursed completely at home. 4 others were born at home but were transferred to hospital, and there was 1 premature stillbirth born in the hospital.

PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area)

Weight at birth	Premature live births												Premature stillbirths	
	Born at home or in a nursing home													
	Born in hospital				Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Died				Died				Died					
	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days		Born
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1 2 lb. 3 oz. or less	4	3	1	—	—	—	—	—	—	—	—	—	—	—
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	5	2	—	1	—	—	—	—	1	—	—	—	—	—
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	4	—	1	—	—	—	—	—	1	—	—	—	—	—
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	7	—	—	—	—	—	—	—	1	—	—	—	1	—
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	14	—	—	—	2	—	—	—	1	—	—	—	—	—
6 Total	34	5	2	1	2	—	—	—	4	—	—	—	1	—

1 = 1,000g, or less, 2 = 1,001-1,500g, 3 = 1,501-2,000g, 4 = 2,001-2,250g, 5 = 2,251-2,500g

PREVENTION OF COLD INJURY.

This subject continues to be uppermost in the minds of midwives and health visitors during the winter months, particularly because of the injury to the health of very small babies. They are constantly advising families of the need for adequate heating arrangements in bedrooms and the need for heat to be maintained at night, to this end they are provided with wall thermometers which are left in the home so that parents can check the temperature themselves. At the other end of the age range the Geriatric Health Visitor finds many elderly folk reluctant to maintain adequate heating in their homes because of personal or financial reasons.

BATTERED BABY SYNDROME.

This subject gives cause for concern when cases are reported by the Press. On occasion a suspected case comes to my notice, but it is usually difficult to prove that a child has suffered deliberate injury at the hands of his or her parents. Health Visitors are, however, aware of the problems involved, and are trained to notice indications that battering is taking place. During the past year four cases were reported to me and discussions were held between the relevant departments and the hospital authorities. One case resulted in a child being taken into the care of this Authority and in the other three cases arrangements were made for the close supervision of the families.

CHILD HEALTH CLINICS

Child Health Clinics were held as follows :—

Great Yarmouth Clinic — Tuesday, Thursday and Friday,
2.30 p.m. to 4.30 p.m.

Gorleston (Trafalgar Road East)
Clinic — Monday and Friday,
2.30 p.m. to 4.30 p.m.

Magdalen Clinic — Wednesday,
(Methodist Church Hall,
Magdalen Way, Gorleston) 2.30 p.m. to 4.30 p.m.

The clinics held on Thursday afternoons in Great Yarmouth and Monday afternoons at Gorleston provide facilities for vaccination and immunisation each week.

The following table shows the number of children in their age groups who attended the clinics :—

Clinic	Children attended during the year			
	1970	Born in 1969	1968	Total
Great Yarmouth	278	317	255	850
Gorleston	159	203	215	577
Magdalen	91	62	34	187
	528	582	504	1614

The following Department of Health table gives further details about the clinics :—

Number of sessions held by :—

(a) Medical Officers	...	...	...	...	186
(b) Health Visitors	...	...	...	...	119
(c) G.P.'s employed on a sessional basis	...	...	...	...	—
(d) Hospital medical staff	...	...	...	...	—
(e) Total number of sessions in lines (a)-(d)	...	...	...	...	305
(f) Number of children referred elsewhere	...	...	...	...	7
(g) Number of children on "At Risk" Register at end of year	...	...	...	...	149

The total number of attendances rose slightly during the year, particularly in the one to five year age group. The weekly visits made by mothers just to have their babies weighed has been discouraged for some time, and there are indications now that young mothers are not nearly so weight conscious as they used to be. More useful help and advice is being accepted especially with regard to the problem of overweight in infants, and at a later age, about the special problems which can arise after the first year of life.

The table below gives details for this year :—

Clinic	Attendances during the year		
	Under one year of age	1 - 5 years	Total number of attendances
Great Yarmouth	5539	1893	7432
Gorleston	3286	1699	4985
Magdalen	1500	271	1771
Total	10325	3863	14188

WELFARE FOODS.

Welfare foods (national dried milk, orange juice, cod liver oil and vitamin tablets) were available at all clinics. There are no other distribution centres in the town. The table gives particulars of items issued :—

Quarter ended	Tins National Dried Milk	Bottles Cod Liver Oil	Packets Vitamin Tablets	Bottles Orange Juice
31st March	501	184	184	2289
30th June	518	120	175	2568
30th September	572	111	198	2667
31st December	485	178	213	2387
Total	2076	593	770	9911

FAMILY PLANNING.

The Family Planning Association continued to act as the Council's agent for the purposes of the National Health Service (Family Planning) Act of 1967. Towards the end of the year the Association submitted details of the revised Agency Scheme and in December the Health Committee approved the adoption of Application No. 6 of the Scheme. This entails no alteration to the agreement originally made with the Association. Many enquiries in connection with the service are handled by the clinic staff and where applicable are referred to the local secretary or to a particular clinic.

The figures supplied for the year are as follows :—

	Great Yarmouth	Gorleston
Number of sessions held	90	49
Number of new patients	205	97
Number of first visits this year	668	399
Total number of visits	1991	1173

CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

The close co-operation between the Health Department and St. Paul's Lodge Mother and Baby Home, run by a voluntary Committee under the auspices of the Norwich Diocesan Council for Social Work and to which the Council makes a grant, has continued as in previous years.

This association will come to an end early in 1971 when the responsibility for St. Paul's Lodge is transferred to the new Social Services Committee. Some liaison with the Health department will continue in so far as the care of young babies remains the responsibility of the Health department and certain duties under the Public Health Act 1936 will also remain the responsibility of this department.

The rules of the Home have been amended to meet the needs of the mothers, and girls can now stay any length of time before and after delivery. This year the average length of stay was 56 days.

Thirty-eight girls passed through the Home during the year, the youngest being 14 years old and the oldest 32 years old. The Council was asked to accept financial responsibility for four girls during the year, of whom three went to Homes outside the area and one remained in St. Paul's Lodge.

The Superintendent as outside worker, dealt with twenty-nine cases during the year. Of these, twenty-two were single girls and the others were either married and separated or divorced. Of the single girls, fourteen were local residents. The National Council for the Unmarried Mothers paid grants to girls of fifteen and under where necessary.

DENTAL CARE.

The Senior Dental Officer reports as follows :—

The excellent collaboration of Midwives and Health Visitors has resulted in a considerable increase in the numbers of mothers inspected and treated at the Dental Clinics. An increase in the numbers of fillings and extractions is noted but the ratio remains much the same as in 1969 and there is no increase worth noting in the numbers of dentures supplied. There is also an increase in the number of pre-school children seen, though not of the same magnitude as mothers. With the increasing numbers of play schools in residential areas it is becoming easier to make known the importance of dental care in the young and that treatment is available at clinics for the under-fives.

As new increased charges for dental treatment under the National Health Service come into operation next year, it remains to be seen whether this will be reflected in the numbers presenting for treatment.

(a) Numbers provided with dental care :—

	Number of per- sons examined during the year (1)	Number found in need of treatment (2)	Number of persons who commenced treatment during the year (3)	% of those needing treatment who were treated (4)	Number of courses of treatment com- pleted during the year (5)
Expectant and nursing mothers :					
1968	35	33	31	93.9	24
1969	11	9	9	100	5
1970	25	23	19	82.6	12
Children under five :					
1968	339	180	173	96.1	143
1969	247	127	126	99.2	95
1970	272	149	148	99.4	130

(b) Forms of dental treatment provided :—

	Scalings and gum treatment (1)	Fillings (2)	Silver nitrate treatment (3)	Crowns and inlays (4)	Extractions (5)	General anaesthetics (6)	Dentures provided		Radiographs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
Expectant and nursing mothers :									
1968	13	19	—	—	12	3	—	3	4
1969	4	6	—	—	4	1	2	3	—
1970	5	22	—	—	21	6	2	4	1
Children under five :									
1968	5	153	278	—	116	59	—	—	—
1969	2	100	205	—	85	45	—	—	1
1970	2	112	236	—	115	56	—	—	1

MIDWIFERY SERVICE

This section includes information on the duty of the local authority to provide a domiciliary midwifery service under Section 23 of the National Health Service Act 1946, on its function under the Midwives Act as local Supervising Authority, and under Section 10 (2) of Part 1 of the Health Services and Public Health Act 1968, by which it is permitted to make provision for midwives to be in attendance on women elsewhere than in their homes.

With this part of the Act in mind, and because of the change in the character of domiciliary midwifery, particularly since the publication of the Peel Report and with more deliveries taking place in hospital, the scheme mentioned in my last report whereby Domiciliary Midwives could go into hospital to deliver selected patients and after 48 hours take them back on to the district for the post-natal care in their own homes, was continued on a slightly larger scale. This year thirty-one patients were delivered under this scheme. As this scheme was reasonably successful plans were set in motion for a G.P. unit within the confines of the Maternity Unit at Northgate Hospital. Many discussions have taken place between the Regional Hospital Board, the Hospital consultants, nursing and administrative staff and representatives from this department and after patient negotiation between all

those closely involved with the scheme a plan began to emerge and after approval by the various Authorities concerned it should be ready to start early next year. The date on which we hope to commence is 1st March 1971.

INSTITUTIONAL MIDWIVES

Fifty-one midwives of whom thirty-one were agency midwives employed at the Maternity Unit, Northgate Hospital, notified their intention to practise in this area. There were no notifications from midwives engaged in private practice.

MUNICIPAL MIDWIVES.

Eleven midwives notified their intention to practise, including the Supervisor of Midwives and one midwife from another area who had to carry out an emergency delivery of a patient in an ambulance whilst escorting her to hospital.

There was one staff change during the year. Mrs. L. Williamson retired after four years service with the Authority and she was replaced by a new midwife who wanted to return to her home in this area.

MATERNAL DEATH.

There were no maternal deaths during the year.

NUMBER OF CONFINEMENTS.

The total number of births, including those to mothers not normally resident in the County Borough amounted to 1729. Included in this figure were 470 live births and 3 stillbirths born in hospital which were attributable to residents of the town and of these, 31 were delivered by domiciliary midwives as mentioned earlier. At home there were 161 deliveries, including one set of twins, but eleven of these were to mothers normally resident elsewhere.

There were 20 sets of twins born in the County Borough, six sets to mothers normally resident here and 14 to mothers resident elsewhere. 19 sets were born in hospital and 1 at home.

EARLY DISCHARGES.

There were 332 patients who were delivered in hospital but were discharged from hospital between the 2nd and 9th day, all of whom were attended by domiciliary midwives.

ADMINISTRATION OF ANALGESIA.

All midwives are trained in the administration of Trilene analgesia. During this year it was administered to 160 patients on the midwives' own responsibility and to 7 when a doctor was present. Pethilorfan was given to 133 patients on the midwives' own responsibility and to 5 when a doctor was present.

CONFINEMENT IN HOSPITAL.

The Health Department undertakes the work of assessing the need for hospital confinement on social (as distinct from medical) grounds in order that the best use can be made of the beds available. Of the 228 cases investigated 204 were recommended and 24 were rejected for various reasons.

GUTHRIE TESTS.

Last year I reported that the "wet nappy" test for the detection of phenylketonuria was not now regarded as completely reliable, and that plans were completed for a change to the Guthrie test on 1st January. Midwives now undertake to carry out this test on the 9th day before handing over to the Health Visitors. There were 423 tests performed during the year of which two were repeated tests, owing to an insufficient amount of blood being obtained. Seven families refused to have Guthrie tests on their babies and in these cases the "wet nappy" test was performed. In February the Principal Clinical Biochemist from the Ida Darwin Hospital gave a lecture illustrated with slides on the technique of taking blood for the test. This talk was attended by all the midwifery staff.

MIDWIVES' ANTE-NATAL CLINICS.

Midwives conducted ante-natal sessions for their patients at the Gorleston Clinic on Tuesday afternoons and on Monday afternoons at the Yarmouth Clinic, Greyfriars Way. As reported elsewhere booking clinics are included in these sessions. During the year 308 women attended the clinics and there were 1180 attendances compared with 1608 last year.

Visits were paid to the homes of patients towards the end of the pregnancy and earlier to those patients who found it difficult to attend or if the patients required more frequent visits. In addition to these visits midwives now carry out the injection of iron preparations to expectant mothers. 71 mothers were so treated and 610 visits were paid, home visits were also paid to all mothers booked for short term hospital care.

Co-operation cards are in general use and are the accepted means by which information is passed between the hospital, the general practitioner and the domiciliary midwife.

PART II TRAINING SCHOOL.

The training school has continued during this year. Nine student midwives were accepted for the second three months of their training. Eight of them were successful in their qualifying examination.

Because of the fall in the number of domiciliary deliveries the Superintendent Nursing Officer produced a Community Care course for the students which was submitted to and approved by the Central Midwives Board on 24th September. This meant that the number of

deliveries undertaken on the district would be a minimum of six, but the students would have the opportunity of more deliveries when possible. Tutorials on Community Care and visits connected with the programme were arranged.

MEDICAL AID

The number of patients for whom medical aid was sought during the year under Section 14(1) of the Midwives Act, 1951, by the domiciliary midwives, was as follows :—

(i) Where a medical practitioner has arranged to provide the patient with maternity medical services under the National Health Service Act	49
(ii) Others	Nil

HEALTH VISITING

The establishment of this service remains at eight Health Visitors. The new staff have settled into their appointments and although there were periods of sickness throughout the year, the areas were more adequately covered and the Friday clinics were re-opened. One Health Visitor attended a refresher course and two Health Visitors attended a three day course to learn the technique of screening tests for deafness in the 0 - 5 year age group.

As reported last year the Tuberculosis Visitor has continued her work at the Chest Clinic and has paid domiciliary visits to patients. She is also concerned with the tracing of contacts to invite them to attend the clinics. In addition, she has continued to have the responsibility for visiting and where necessary advising long-stay immigrants and has followed up patients suffering from venereal diseases. She endeavours to trace contacts, but persuading them to attend the special clinics for advice or help is difficult when they are reluctant or unwilling to admit contact or infection.

The Geriatric Health Visitor continued to visit a considerable number of elderly people who welcome her visits. She finds that the pattern of the work is changing in that more time is taken up with consultations with the family doctors and other agencies interested in the problem of the elderly. Now that she is well known in the town relatives and neighbours of elderly persons know where she can be located and either telephone, write or make appointments to see her. She pays fewer visits but they seem to take longer and often one person can take up a substantial part of the day. She paid a total of 1825 visits during the year and included in this figure is a total of 87 visits to patients suffering from arthritis, and who are under the care of the Consultant Rheumatologist.

During the year the Friends of Yarmouth Hospitals donated six ejector chairs for use by severely handicapped patients living at home.

The Health Department agreed to select the most needy cases and to distribute the appliances. The Geriatric Health Visitor has accepted responsibility for seeing that the chairs are used effectively, and the thanks of the recipients were passed on to the Friends.

The other Health Visitors are responsible for all other work in the town except the Senior Health Visitor who is the Paediatric Health Visitor. She attends the ward round on the Children's Ward and out patient clinic and acts as liaison officer between the Paediatrician and the department. She visits the mothers of premature infants whilst they are in hospital and visits the homes, paying special attention to the heating arrangement. This co-operation proves invaluable to the staff of the hospital and to the department. Local hospitals send to the department information about all children and some adults who have been treated as in-patients and this is passed on to the Health Visitors who visit where necessary.

The early detection of defects and abnormalities still continues to be an important part of the work of Health Visitors. Information concerning those children thought to be "at risk" is obtained from the notification of birth cards. The Health Visitors pay special attention to these children until it is clear that they are progressing normally, then their names are removed from the register. There were 149 on the active register at the end of the year.

As mentioned elsewhere Guthrie tests were introduced this year on 1st January instead of the "wet nappy" test for phenylketonuria, not now regarded as completely reliable, but for those infants whose parents refused a Guthrie test the old method was used and 19 tests were performed.

The Yarmouth Health Visitors found there was a need for young mothers who were lonely and feeling isolated to meet together informally so that they could make friends with other young mothers with similar problems, so they formed a Mothers' Club which is held in Yarmouth Clinic on alternate Tuesday evenings. The Health Visitors planned a series of talks from local organisations and other speakers and encouraged the mothers to participate in group discussions. The membership has grown steadily and is now a flourishing group.

The Health Visitors have a cordial relationship with the general practitioners and although there is no formal attachment at present the experimental scheme started two years ago has continued and the Geriatric Health Visitor was asked by one group practice to visit them periodically for consultations about the elderly folk on their lists. Requests for visits can be sent to the Superintendent Nursing Officer (in the same way as for nursing messages) and she arranges for a visit to be made.

The total number of children visited during the year was 2427. Handicapped persons on their lists numbered 97, of whom 9 were spastics and 27 epileptics.

The Tuberculosis Visitor visited 327 households.

DISTRICT NURSING SERVICE

The establishment of this service has remained at ten full time and one part-time District Nurses and two nursing attendants. One nurse, Miss N. G. Bishop, retired after 23 years on the staff. The good wishes of the department and of her colleagues were extended to her at a farewell party given in her honour. The Mayor presented her with a gold watch and conveyed the Council's thanks for her long and devoted service to the townsfolk. She was replaced by the part-time nurse who joined the permanent staff as a full time member. A new part-time nurse was appointed to fill the vacancy.

Two district nurses successfully completed a course of District Nurse training. In April several members attended a study day at Northgate Hospital and also attended one organised by Norfolk County Council.

The nursing attendants continued to work under the direct supervision of the District Nurses. They take over the bathing and care of those elderly patients who have recovered from their specific illnesses but cannot manage on their own.

Last year I reported on the progress made with attachment schemes. In two group practices arrangements were made for two District Nurses to be attached for one or two mornings a week. These practices each have two sessions a week now, and plans are in hand for one of them to have this extended still further to four sessions with almost full attachment. The doctors and nursing staff welcome this and find they work with much broader knowledge of their patients' needs.

As reported last year the problem which continues to cause the most difficulty and harrassment to the District Staff is the difficulty experienced in getting elderly sick patients into hospital. For a period relatives can manage to look after them, but after a time they become tired and suffer from stress. It is at this point that the frequent inability to obtain hospital beds causes distress when the family are under considerable strain.

The pattern of work continued along similar lines to that of last year apart from the giving of iron injections to expectant mothers which, as mentioned elsewhere, are now given by the domiciliary midwives.

The staff continues to test the urine of new patients, 633 tests were carried out, of which two were known diabetics. One was found to contain sugar and was referred to the general practitioner.

The following is a summary of the work done :—

Number of patients nursed	1266
Number of new patients	917
Number of patients still on the books at the end of year	401
Number of patients over 65	709
Number patients under 5	14
Number of visits to patients over 65	23132
Number of visits to patients under 5	124
Total number of visits to all patients	35606

The number of patients nursed and the number of visits paid over the past ten years are shown below :—

Year	Number of Patients nursed	Number of Visits
1961	814	26,412
1962	861	26,581
1963	920	28,164
1964	915	27,733
1965	960	29,206
1966	1,054	27,575
1967	1,180	29,389
1968	1,127	32,248
1969	1,162	32,767
1970	1,266	35,606

VACCINATION AND IMMUNISATION

SMALLPOX.

In 1970, 17 infants under one year and 390 between the ages of one and two were vaccinated, and the latter figure represents 53% of the total live births in 1969.

The number of vaccinations and re-vaccinations known to have been carried out in persons up to the age of 15 was 574.

The following table gives the analysis of the vaccinations in age groups :—

	Age at date of vaccination				Total
	Under 1	1	2 - 4	5 - 15	
Primary vaccinations	17	390	75	32	514
Re-vaccinations	—	—	10	50	60
Totals	17	390	85	82	574

It will be noted that, in accordance with Ministry advice, the majority of infants are now vaccinated in the second year of life. All of the vaccinations under one year were done by general practitioners.

Figures supplied by the Department of Health show that the estimated percentage of children under 2 years in Great Yarmouth who have been vaccinated was 55% in 1970. The national figure for the same year was 35%.

DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Immunisation against these three diseases is now commonly given by the administration of vaccine in the form of "Triple Antigen" and the majority of infants immunised at the clinics received this. Separate

antigens were available for children whose parents elected to have immunisation against a particular disease, but these are now rare, and the separate vaccines are now mainly used for children for whom whooping cough vaccine was contra-indicated, or who had not received any immunisation in infancy.

During the year 608 children were given a primary course of immunisation, and 745 children received reinforcing doses.

Figures supplied by the Department of Health show that, of children born in 1968, 81% had been immunised against diphtheria in Great Yarmouth. The national figure for the same age group was 81%.

TUBERCULOSIS.

The arrangements for the protection of children against tuberculosis by B.C.G. vaccination are in two parts. Under one, vaccination is offered to all school children of thirteen years of age and upwards and to all students attending establishments of further education, and the work is carried out in school by the full-time staff of the department. Further information on this aspect of the work is given in the report of the Principal School Medical Officer. The second part involves the vaccination of contacts of cases of tuberculosis known to the Chest Clinic, and the work is carried out by the Chest Physician.

The following table gives details of the work done during 1970 :—

Schoolchildren Scheme :—

No. skin tested	659
No. found positive	40
No. found negative	619
No. vaccinated	619

Contact Scheme :—

No. skin tested	90	
No. found positive	24	
No. found negative	66	
No. vaccinated	102	(including babies vaccinated without previous skin test)

The first full year of operation of the Schoolchildren Scheme was in 1957, and the following table gives some of the relevant details since that time :—

Year	No. skin tested	No. found positive	% positive of No. skin tested
1957	847	195	23.02
1958	435	92	17.22
1959	795	118	14.84
1960	109	17	15.59
1961	458	60	13.10
1962	784	158	20.15
1963	759	77	10.14
1964	601	40	6.65
1965	731	33	4.51
1966	684	39	5.70
1967	713	38	5.33
1968	651	35	5.53
1969	685	25	3.6
1970	659	40	6.1

POLIOMYELITIS.

Oral Sabin vaccine is now used exclusively in this Authority's area to produce immunisation against poliomyelitis.

The following table deals with the administration of oral vaccine during the year :—

Age Group	3 doses completed
Born 1970	31
1969	488
1968	47
1967	8
1963-1966	22
Others under age 16	—
	<hr/> 596 <hr/>
Oral booster dose (up to age 15)	401

Of the total of 997 persons vaccinated, 50% of the doses were given by family doctors and 50% either at the clinics or in the schools.

Figures supplied by the Department of Health show that, of children born in 1968, 83% had been immunised in Great Yarmouth against a national figure of 79%.

MEASLES

The following table gives the numbers vaccinated :—

Born 1970	1
1969	69
1968	68
1967	49
1963-1966	57
Others under 16	5
	<hr/>
	249
	<hr/>

Rubella vaccination

Girls born in 1956	Total vaccinated	112
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AMBULANCE SERVICE

There was no particular change in the arrangements for this service during another busy year. The staff remained at one Ambulance Officer and twenty-two full-time driver/attendants and one part-time driver/attendant. All the full-time driver/attendants now work on a rotating shift basis. During the year two drivers successfully completed training courses and all the staff are now trained in accordance with the relevant National Joint Council Circular. One driver also attended an Ambulance Service Instructors' Course and is now a qualified instructor.

One new vehicle was purchased during the year and an old vehicle sold, so that the strength remained at seven. All the vehicles are radio controlled and are maintained by the Borough Engineer's Depot which is adjacent to the Ambulance Station.

Rail transport was used for long journeys where possible and close liaison was maintained with other ambulance services.

The figures below show that, although there was a drop of about 3% in the number of patients carried as compared with last year, the general level of activity has remained fairly constant during the past few years.

STATISTICS

The following table gives particulars of the number of patients carried, the number of journeys and the mileage for the past six years :

Year	Patients carried	Journeys	Mileage
1965	17,669	7412	100,244
1966	16,554	7063	95,007
1967	17,033	5918	102,015
1968	17,783	6101	106,736
1969	18,136	6379	108,474
1970	17,422	6451	108,200

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION.

All the normal activities of the department in the sphere of health education were continued. One Health Visitor at each clinic undertakes the responsibility for one month of ensuring that displays, posters and pegboards are changed regularly and that a good supply of pamphlets and leaflets is available for distribution to the mothers. Good use is made of all material available, and during national campaigns on health matters these are used extensively. Seasonal dangers, such as those found on the beaches and near the river, poisoning by fungi, berries or medicines, and fire hazards are brought to the attention of the public by talks, discussions or displays.

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS.

Notifications were received of 21 long-stay immigrants of whom 10 were members of the staff of the Great Yarmouth Hospitals where arrangements were made for them to register with a general practitioner and to have a chest x-ray if this was considered necessary. The other immigrants were visited and advised in the usual way.

TUBERCULOSIS.

There were nine notifications of tuberculosis during the year, of which two were reactivation of the disease. Eight were cases of pulmonary tuberculosis and one of tuberculous glands in the neck. Seven of the patients were treated by chemotherapy. No prophylactic drug treatment was given this year. Contact tracing continued as in previous years, and some difficulty was encountered in persuading old patients to attend the follow-up clinics.

VENEREAL DISEASES.

As mentioned in previous reports the Tuberculosis Visitor has a special responsibility for visiting and tracing people who are reported to have been in contact with sexually transmitted diseases. Four patients were located and persuaded to attend the special clinic. Every effort is made to trace contacts and to persuade them to go for treatment.

OTHER ILLNESSES.

The care and after-care of persons suffering from other forms of illness is provided through the Health Visiting, District Nursing and Home Help Services. The senior Health Visitor regularly visits the paediatric out-patient clinic, the children's ward and the maternity unit of the local hospitals. Special attention is paid to premature babies in order that continuity of care is maintained. She obtains information from the Paediatrician and his staff on the need for home visiting and also gives them information about the home conditions and background of the children.

The Superintendent Nursing Officer continued to receive information about elderly patients who are about to be discharged from hospitals and about the more acutely ill patients who have recovered sufficiently to leave hospital. The appropriate service is then provided to enable them to become re-established in their homes. Spastic, epileptic and other handicapped persons are visited by Health Visitors.

LOAN OF NURSING EQUIPMENT.

The three depots run by the British Red Cross Society and St. John Ambulance for the provision of nursing equipment, continue to operate very satisfactorily and the Council's thanks are due to them for their help. One function for which they have accepted full responsibility is the provision of wheelchairs for handicapped visitors to hire for their holidays. This arrangement works very satisfactorily and is much appreciated by the visitors.

The Department continues to supply nursing equipment and aids to patients under the care of the District Nurses and Health Visitors.

FACILITIES FOR INCONTINENT PATIENTS.

Incontinence pads, plastic sheets and other equipment are held for the use of patients in this category. A total of ten thousand incontinence pads were issued during the year, more than double the figure of two years ago. The removal of purchase tax on incontinence pads enabled the department to increase the availability of this equipment for the handicapped.

CHIROPODY.

Statistics below show that this service continued to develop satisfactorily and further expansion was possible during the year. This was due to the appointment of a second part-time chiropodist, who carried out four sessions per week at the Gorleston Clinic. In November the Council approved a proposal to improve the service by the introduction of a limited domiciliary chiropody service so that treatment would be made available to severely handicapped persons and aged persons in their homes. It was agreed that provision for this should be made in the 1971-72 financial estimates. At present these patients are transported to the Clinics by ambulance and so valuable ambulance time will be saved. Free treatment continued to be available to the elderly, the physically handicapped and expectant mothers.

Clinics are held at the Greyfriars Way Clinic, Great Yarmouth on Mondays, Tuesdays, Wednesdays and Thursdays; at the Gorleston Clinic, Trafalgar Road East, Gorleston on Tuesdays, Thursdays and Fridays. A chiropodist also attends one of the Council's Old People's Hostels once a month.

There were 1512 persons on the registers at the end of the year including 180 residents at the Council's Hostels and 6 physically handicapped persons.

Statistics :—

	1969	1970
Number of sessions held	568	738
Number of treatments given	4665	5389
Average number of treatments per session	8.2	7.3

PROBLEM FAMILIES.

The work amongst these families continued along similar lines to those reported in previous years. The Welfare of Children Committee which includes representatives from all departments of the Corporation concerned met regularly. Policy on particular families was agreed and action taken by the appropriate committee of the Council or by a voluntary organisation. The Committee continued to serve a useful purpose in co-ordinating the work, in pooling resources and information, thus preventing overlapping. Some families, however, are most resistant to help and advice and require constant supervision.

FLUORIDATION.

No discussion or debate took place during the year either in Committee or in Council following the very full debate of October 1969.

The natural fluoride content of the public water supply remains at 0.2 parts per million.

CERVICAL CYTOLOGY

No large scale campaign for cervical smears has been introduced here. Local firms and large stores have endeavoured to persuade vulnerable women amongst their staff to be tested. Those women who have enquired in the department about the tests have been referred to their family doctors where appointments have been made for them, and in addition the Family Planning Association undertakes this work.

HOME HELP SERVICE

The demand for this Service continued to grow, mainly for supplying assistance to the more elderly members of the community. The problems connected with the Service do not vary much from year to year. In the winter months the demand for help is greatly increased and it is usually at this time that the Home Helps themselves become ill thus putting an added strain on those who continue working.

In January, for example, whilst there was influenza in the town, one third of the Home Help staff were themselves away from work ill. Tribute must be paid to those Home Helps who maintained the service during this difficult period, with the assistance of many good neighbours.

The industrial dispute which affected power station personnel caused distress to some elderly people and added to the strain upon

the home helps. One of the greatest needs of elderly folk is warmth and this had to be maintained by filling hot water bottles, making flasks of hot drinks and extra visiting with hot soup.

In November the Eastern Gas Board started the conversion of gas appliances for use with natural gas. In order that the change-over should go smoothly one of their representatives gave two talks to the Home Helps on how they could best help their old people to understand what would happen. The Gas Board arranged a public cookery demonstration in the town as part of their campaign to publicise the conversion to natural gas and after the demonstration the food was given to the Geriatric Health Visitor for distribution to elderly folk. This gift was much appreciated by the recipients.

The Dirt Squad, two Home Helps who work together in very dirty cases, dealt with one particularly bad case. It was exacerbated by two dogs which were unfed, unsupervised and allowed to foul the premises. The elderly woman was eventually persuaded to go into an old people's home.

The following table shows the amount of work undertaken this year compared with the last two years.

Year	Number of homes visited	Number of Home Helps employed	Number of visits made	Number of hours worked
1968	837	85	49,264	89,696
1969	845	101	52,305	93,220
1970	915	105	56,641	101,641

MENTAL HEALTH SERVICE

MENTALLY ILL PATIENTS.

The number of hospital admissions, in which the Mental Welfare Officers were involved, was 148 compared with 132 last year. The figures show that "Community Care" forms a considerable part of the work of the Mental Welfare Officers. The domiciliary services made a total of 2,136 visits. The following table shows how this aspect of the work has increased over the last few years :—

Year	Number of visits
1970	2136
1969	1587
1968	1337
1967	1305
1966	1239

In the autumn of this year St. Nicholas Hospital gave permission for four long term patients to live in a house outside the Hospital.

This began an experiment to rehabilitate the patients into the community. In this instance the four elderly men are being supported by a Home Help who has adopted them, and the experiment has so far proved to be successful.

	Male	Female	Total
Informal admissions	26	78	104
Admissions under Section 25 for observation	7	25	32
Admissions under Section 26 for treatment	2	1	3
Admissions under Section 29 (emergency)	3	5	8
Admissions under Section 60 through the Court	—	1	1
Admissions under Section 67 through the Court	—	—	—
Admissions under Section 65 through the Court	—	—	—
	—	—	—
	38	110	148
	—	—	—
Complaints investigated without recourse to hospital admission	67	139	206
Absconding patients returned to hospital	4	7	11
Patients returned after leave of absence	—	2	2
Visits at request of hospital to patients	71	86	157
Visits at request of hospital to relatives	46	61	107
Care and after-care visits	721	932	1653

The shortage of geriatric beds and the present short-stay policy being adopted for acute admissions, has increased the care and after-care visits considerably and there is every indication that these figures will go up even further.

SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS.

At the end of the year there were 88 persons (49 male and 39 female) in these categories living in the community and known to the Authority.

There were three in employment and fourteen attending the Junior Training Centre and fifty-three attending the Adult Training Centre. All the others received home visits from the Mental Welfare Officer. Eight new cases were reported – five from the School Health Service and three from other sources.

One man remained under the Guardianship of the Local Authority and another was placed under Guardianship. One boy was admitted to hospital on a permanent basis and two boys and three girls were admitted for short term care.

The annual holiday in Lowestoft was once more appreciated by several trainees who live in board residence.

THE TRAINING CENTRES.

The new building became fully operational at the beginning of the year, and the photographs on pages 4 and 5 show some aspects of the interior. The external view and plan of the centre given in last year's report are repeated in this report so that a complete record is available in one publication.

Light industrial work, similar in nature to that undertaken in previous years, was continued. Plans have also been made to increase the scope of employment by installing a heavy duty compressor so that pneumatic hand tools can be used for light assembly.

The social education aspect of the work has not been forgotten during the reorganisation of the workshop areas, and much use was made during the year of the classroom and simulated flat where domestic subjects are taught.

The Mayor, Alderman John Malley, kindly consented to declare the building officially open, and the ceremony, which was held on Wednesday the 22nd April 1970, was attended by representatives of the Council and Corporation, and the builders and firms who provide the trainees with work.

At the end of the year there were thirty trainees attending the Junior Training Centre, fourteen of whom were from Norfolk County Council and two from Hales House. Arrangements for transport, milk, dental and medical inspection were unchanged. but meals are now served from the Adult Centre kitchen.

There were 81 trainees attending the Adult Training Centre at the end of the year, 53 of whom are from Great Yarmouth, 26 from Norfolk County Council, one from East Suffolk County Council and one from Hales House.

CARE AND AFTER-CARE.

Care and after-care of the mentally ill patients in the community are the responsibility of the Mental Welfare Officers. The Mental Welfare Officer for the subnormal visited 21 persons who live in the Borough and do not attend the Training Centre.

The Haven Club for mentally ill patients has continued to meet on Wednesday afternoons from 2.30 - 4.30 p.m. at the Shrublands Youth and Adult Centre. Although the numbers have dropped during the year the club has continued to serve a useful purpose. It is hoped, with the approach of the new social services that more persons will avail themselves of the opportunity to spend a very happy, interesting and useful afternoon there.

MISCELLANEOUS SERVICES

NATIONAL ASSISTANCE ACT, 1948, Section 47

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

When such cases are brought to notice every effort is made to avoid compulsory powers and to solve the problems by other means.

Two cases were getting to the stage when action under this section was being considered, but happily they were resolved by the two people concerned agreeing to go voluntarily into Part III accommodation. There were no cases removed under this section during the year.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Health Services and Public Health Act, 1968, Section 60

There are no nurseries in the town.

Two persons were registered as Childminders and two more have made application to mind children and these may be registered next year.

Seven play groups are now registered with the Authority, two new ones being registered this year. Four more have applied to register and they will be considered next year. The Education Department, through their College of Further Education, organised a course for playgroup leaders in the Autumn and this was well attended.

Health Visitors pay regular visits to the playgroups and report their findings. Initial investigations concerning the standards required for registration and subsequent visits if requested, are carried out by the Superintendent Nursing Officer.

NURSING HOMES

Public Health Act, 1936, Section 187.

Nursing Homes Act 1963.

There are two nursing homes, one for 50 patients and one for 24. Each provides care mainly for the chronic sick, although one takes post-operative patients from the General Hospital when requested to do so.

As reported previously, the Nursing Homes Act, 1963 empowers the local authority to ensure that standards of staff, accommodation and

equipment are appropriate to the work done, and officers are permitted to interview patients privately. So far it has not been necessary to use this provision.

Routine inspections are carried out at about six-monthly intervals by the Medical Officer of Health and the Superintendent Nursing Officer.

MEDICAL EXAMINATION OF STAFF 1970

Entrants to the Superannuation Scheme	83
Teachers' first teaching appointment	2
Teachers' transfer to local schools	16
Teachers' College entrants	51
Firemen's Pension Scheme	9
Examination for pension surrender	1
Examinations on behalf of other authorities	3
Examinations carried out by other authorities	3
P.S.V. Licence	24
Heavy Goods Licence	20
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	212
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The Chief Public Health Inspector's Report

F. T. PORTER, M.A.P.A.I., C.S.I.B., Chief Public Health Inspector

INTRODUCTION

STAFF.

For most of the year the number of Public Health Inspectors was again below establishment. At the end of March, one Inspector who had been a trainee for 4 years in the Department and who had qualified the previous year, left having obtained another appointment.

The Council received authority to advertise at a higher salary grade and in the autumn, the two vacancies were filled. This was the first time in 15 years that the establishment of Public Health Inspectors was up to full strength.

I would like to thank the Chairman and members of the Health Committee for their support and interest during the year, and also the Medical Officer of Health for his help.

I would also like to place on record my thanks to the staff who despite the reduced establishment for most of the year, were able to deal with the urgent day to day problems.

LEGISLATION.

New legislation received during the year was mainly confined to food control matters.

The Soft Drinks (Amendment) Regulations 1969 came into operation on the 1st January 1970. They amended the definition of "permitted artificial sweetener" so that the saccharins are now the only permitted artificial sweeteners. They also made changes in the labelling requirements for soft drinks. The Artificial Sweeteners in Food Regulations 1969 came into operation on 1st January. These regulations stopped the use of cyclamates as artificial sweeteners.

The colouring matter in Food Regulations 1969 which became law on 1st January deleted one colour from the list of permitted colours.

The Cheese Regulations 1970 superseded the 1965 Regulations and became operative from 31st January 1970. They specify requirements for the composition and description of cheeses, permitted ingredients and also requirements for the labelling and advertisement of cheese.

Requirements for the description, composition, labelling and advertisement of cream came into operation on 1st June, in The Cream Regulations 1970.

The Labelling of Food Regulations 1970, a long and complex set of regulations were received in March, but the majority of these do not come into operation until 1973. They amend and extend the Order of 1953, and revoked the 1967 regulations before they came fully into force.

On 3rd November the Soft Drinks (Amendment) Regulations 1970, came into operation. They extend by one year, ending on 31st December 1971, the period during which "permitted artificial sweetener" may appear in place of the word saccharin" on a label or container of any soft drink which contains a permitted artificial sweetener which is sold for human consumption.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

The water is supplied by the East Anglian Water Company. The intake is at Horning from the River Bure, with an alternative intake situated at Belaugh for use when the salinity of the water exceeds the statutory limit or when the quality of the raw water at Horning is poor.

Pre-chlorination is used to control mussel growths in the pipes taking the water to the Ormesby purification plant. The process at the plant comprises $3\frac{1}{2}$ days storage, primary rapid filtration and secondary slow sand filtration or flocculation and filtration, both followed by chlorination.

The quantity of water supplied to the town was adequate and there were no restrictions imposed upon its use. The average consumption of 76 gallons per head was apportioned as domestic 36 and industrial 40. The maximum day's consumption was 8,098,000 gallons, including supply to part of the area of Blofield and Flegg Rural District Council.

All dwellinghouses in the Borough are supplied direct by the Company's mains and their records show a total of 19,311 domestic supplies.

In order to maintain freedom from plumbo-solvent action a lime treatment plant is in use, this varies the discharge of lime, so as to ensure the alkalinity of the water at all times.

Frequent chemical and bacteriological samples were taken of the water from supply pipes and results of all these were satisfactory. The average fluoride content of the water was 0.2 ppm.

SEWERAGE.

All sewage from the Borough was discharged into the tidal water of the river. The volume of diluting water is considered sufficient to ensure disposal.

A programme of re-organisation of drainage areas and pumping stations was in hand during the year. It included the provision of partial treatment by maceration to minimise any possible aesthetic pollution.

PUBLIC CLEANSING.

Collection of refuse within the Borough continued to be undertaken by the Borough Engineer's Department, and it was disposed of

by burial at the tip in the Cobholm area. The maintenance of the tip continued to be satisfactory, and the exposed area at the tip face was kept down to a minimum.

Once weekly collections of refuse were carried out and more frequently from premises where requested, and upon payment for any additional service.

Very few instances occurred where action was necessary to provide dustbins.

During the year, 402 complaints of refuse accumulations were dealt with. Although this number was a slight decrease upon the previous year of 467, illicit rubbish dumping is still a serious anti social problem.

COMMON LODGING HOUSES.

There are none in the town.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

Seven circulars from the Ministry in connection with the above Act were received. They dealt with the use of fluoroscopes in shoe fittings, decisions in court cases, lifts, first aid provisions, safety measures in mechanical handling of goods, statistical recording of accidents and enforcement of the Act.

Fourteen new registrations of premises were received, 292 general inspections of premises were carried out, and a total of 662 visits of all kinds were made.

At the end of the year there were 790 premises on the register.

In the main, co-operation was received in bringing premises up to the legal requirements, but in 2 cases it was necessary to take legal proceedings after attempts at persuasion were ignored. These cases involved, in one instance, contraventions under three sections of the act, and resulted in convictions on all charges. A fine of £30 was obtained.

In the second instance one contravention resulted in a conviction and a fine of £10.

GENERAL SANITATION.

The following table shows the number of visits made during the year :—

TABLE A.

Nature of Visit or Inspection				No. of Visits
Atmospheric Pollution—smoke	...			125
Atmospheric Pollution—offensive smells				190
Caravans, Tents, Vans, etc.	...			165
Diseases of Animals	...	...		—
Drainage	...	...	...	886
Dykes	...	...	...	99

Exhumations	...	...	...	—
Factories	...	...	...	127
Fumigation and Disinfection			...	4
Insect Infestation	...	...		50
Inquiries in cases of Infectious Diseases				45
Inquiries in cases of Food Poisoning				45
Miscellaneous Sanitary visits			...	435
Noise	...	...	...	116
Offensive Trades		...	...	66
Knackers Yard		...	...	1
Outworkers	...	...	...	—
Public Conveniences		...	...	172
Rats and Mice	...	...	...	295
Refuse Accumulations	...	...		402
Refuse Collection and Disposal			...	89
Schools	...	...	...	5
Ships	...	...	...	489
Shops	...	...	...	67
Stables and Piggeries		...	...	122
Swimming Pools		...	...	36
Theatres and Places of Entertainment				14
Water Supply	...	...	...	16

FACTORIES ACTS, 1937 TO 1961.

The following tables show the work carried out under the above Acts. Eighty-two inspections were made during the year and no serious defects were noted. It was not necessary to take any legal action.

TABLE B.

Premises	No. on Register	Inspections	Written Notices	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4, and 6 are enforced by Local Authorities	5	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	282	127	6	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworker premises)	5	—	—	—
Total	292	127	6	—

TABLE C.

Particulars	No. of Cases in which defects were		Referred by H.M. Inspector	Referred to H.M. Inspector	Prose- cutions
	Found	Remedied			
Want of cleanliness	2	2	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	3	3	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Total	6	6	—	—	—

OUTWORK

Nature of Work	No. of out- workers in Aug. List required by Section 133(1)(c)	Section 133		Section 134		
		No. of cases of default in sending lists to the Council	No. of prose- cutions for failure to supply lists	No. of instances of work in unwhole- some premises	Notices served	Prose- cutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
Making, etc	57	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
Total	57	—	—	—	—	—

OFFENSIVE TRADES.

Total number on the register	3
Tallow Melter	1
Tripe Dressers	2

Sixty-six visits were made during the course of the year to these premises.

SWIMMING POOLS.

The number of swimming pools in the town remained the same, namely two public pools, one private pool at a holiday camp and four pools on school premises. The arrangements for filtration and chlorination were the same as described in the 1965 annual report.

During the period these pools were in use, the staff made thirty-six visits and carried out sixty-eight check tests to determine the amount of residual chlorine and the alkalinity of the water.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers or premises used for the storage of rag flock in the Borough.

Seven premises are registered as Upholsterers under Section 2 of the Act.

SANITARY CONDITION OF CINEMAS AND THEATRES.

Fourteen visits were made to the cinemas and theatres in the Borough and the sanitary accommodation and washing facilities were found to be well maintained.

ATMOSPHERIC POLLUTION.

One hundred and twenty-five visits were made concerning smoke and grit emissions. Informal action, by discussion with the persons responsible was taken where necessary. No statutory notices were served. No notifications to install new furnaces were received under Section 6 of the Clean Air Act.

CARAVAN SITES.

One licence was issued for a new private caravan site under the Caravan Sites and Control of Development Act 1960.

The caravan sites in the Borough are as follows :—

Permanent sites	4
Holiday sites	3

There is, in addition, a tent site off the Acle New Road which is in operation during the summer season.

Good standards were maintained and the sites were well run. One hundred and sixt-five visits were made during the year.

HOUSING.

(a) Individual Unfit Houses.

Under the Housing Act 1957, twenty houses were represented.

Closing Orders were made in respect of 28 houses, Demolition Orders were made in respect of 15, an undertaking was accepted in respect of one house, and there were 5 houses over which a decision had not been made at the end of the year.

Inspections of 10 houses which had previously been acquired by the Council were carried out by the Health (Housing Inspection) Sub-Committee, and the Health Committee recommended that the occupiers be rehoused and the properties demolished. This recommendation was subsequently accepted and implemented by the Council.

(b) Clearance Areas.

In October the Minister of Housing and Local Government confirmed the Compulsory Purchase Order in respect of 55 houses in the Cobholm No. 6 Clearance Area.

Considerable work was carried out on detailed inspections of houses in the Blackfriars Road areas. These comprised a total of 181 houses.

(c) Improvement Grants, Mortgage Advances and Qualification Certificates.

A total of 159 inspections were made in respect of applications for these where it was considered there was any doubt about the fitness of a particular property. In addition, properties likely to be acquired by the Council were inspected and their condition reported upon.

1. *Inspection of Dwelling-houses.*

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	949
(b) Number of re-inspections made for the purpose					1,714
(ii) Overcrowding :—					
Number of houses inspected	...		...		46
(iii) Verminous houses :—					
Number of houses inspected	...		...		13

2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	309
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3. *Action under Statutory Powers.*

(A) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied	...	81
(ii) Number of houses in which defects were remedied after service of formal notices :—		
(a) By owners	...	59
(b) By Local Authority in default of owners		Nil

(B) Proceedings under the Housing Act, 1957.

(i) Number of houses rendered fit after the service of notices under Section 9	...	...	1
(ii) Number of houses rendered fit under Section 16	...		4
(iii) Number of houses rendered fit under Section 24			—
(iv) Number of houses in respect of which demolition orders were made	...	...	15
(v) Number of houses in respect of which closing orders were made	...	...	28
(vi) Number of separate tenements or underground rooms in respect of which closing orders were made			—
(vii) Number of houses in respect of which undertakings were accepted	...	...	1
(viii) Number of Local Authority houses certified unfit by Medical Officer of Health	...	...	—
(ix) Number of houses demolished	...	...	47

NOISE ABATEMENT.

The number of visits and observations made totalled 116. It was not found necessary to take formal action, and where complaints were found to be justified, they were dealt with informally with the co-operation of the occupiers concerned.

INSPECTION AND SUPERVISION OF FOOD

A. MILK.

The two milk heat treatment processing plants situated in the Borough continued to provide most of the retail milk sales to local consumers. Ordinary pasteurised milk formed the greatest percentage of sales, Channel Island and sterilized milk being sold in much smaller quantities. Ultra heat treated milk introduced a few years ago does not appear to have gained ground locally and only a small amount of this milk appears on the local market. This milk is obtained prepacked by local dealers from processing plants outside the Borough. No known sales of "Untreated" milk took place and as this is the least "safe" of the milks this was a satisfactory Public Health feature.

Milk and Dairies (General) Regulations, 1959.

Number of premises registered for the distribution of milk	6
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Milk and Dairies (Special Designation) Regulations, 1963.

Number of dealers licensed to sell pre-packed milk	107
Number of dealers licensed to treat milk by pasteurisation	2
Number of dealers licensed to treat milk by sterilization	1

MILK SAMPLING FOR COMPOSITIONAL QUALITY.

One hundred and eighteen samples of ordinary pasteurised milk were taken for analysis for fat and for solids-not-fat percentages with the following results :—

	Fat %	S.N.F. %
Legal Standard	3.5 %	8.5 %
Highest	3.95 %	8.92 %
Lowest	3.40 %	8.45 %
Average	3.67 %	8.69 %

Seventeen samples of pasteurised Channel Island milk were also taken with the following results :—

	Fat %	S.N.F. %
Legal Standard	4.0 %	8.5 %
Highest	5.30 %	9.41 %
Lowest	4.40 %	8.50 %
Average	4.85 %	8.96 %

One sample of bottled milk was found to contain 3% of added water. As the milk was bottled out of the town the Local Authority concerned was informed and follow up sampling resulted in action being taken against a farmer whose farm milk tank was found to contain milk with added water.

Two samples of untreated milk were taken on arrival at a local dairy following a history of low fat content. These samples were found to contain fat levels below the legal minimum, but the hortvet test showed no evidence of added water. As this indicated improper feeding of the cows producing the milk, the Divisional Officer of the Ministry of Agriculture, Fisheries and Food was informed of the case and he visited the farms concerned.

One other sample of milk was found to have low fat content and 1.3% of added water but the large number of follow up samples taken by the officer of the authority in which the milk was produced gave no unsatisfactory results. As follow up samples by this department also proved satisfactory this appears to have been an isolated incident.

PRESENCE OF ANTIBIOTICS IN MILK.

One hundred and sixteen samples tested for fat content were also tested for the presence of antibiotics. In two cases, penicillin was found to be present but below the maximum permitted by the Ministry recommendation. However, the quantities of penicillin found were obtained from milk which had been mixed with milk from numerous farms. The milk from the offending cows could well have contained a large quantity of penicillin and it would appear that the best means for control against this practice is by sampling of milk from the tanks situated at the farms.

MILK SAMPLING FOR BACTERIOLOGICAL QUALITY.

Seventy-eight samples of milk were taken by the department during the year and were the subject of reports from the Public Health Laboratory as follows :—

	Number taken	Methylene Blue Test		Phosphatase Test		Turbidity Test		Results declared void
		Passed	Failed	Passed	Failed	Passed	Failed	
Pasteurised Milk	73	55	9	73	—	—	—	9
Sterilised Milk	2	—	—	—	—	2	—	—
Untreated Milk	3	3	—	—	—	—	—	—

All samples of treated milk passed the phosphatase and turbidity tests indicating that the milk had been subjected to the correct temperatures for the correct period of time. Nine samples were declared void for the Methylene Blue Test owing to the overnight temperatures at the laboratory exceeding 70°F.

Detailed investigations were carried out at the dairies in respect of the 9 Methylene Blue Test failures. Tanker milk was blamed by the dairymen in three cases as the quality of this incoming milk affects the results of samples tested. During the peak period of summer milk consumption the extra milk required is obtained from the Midlands and is known as “accommodation milk” which is supplied by tanker and tests carried out by dairymen had shown questionable quality. In one case repeated test failures on churn milk resulted in visits being made to the dairy farm concerned. One local dairy received its milk already bottled and stored overnight in a refrigerated trailer. Investigation into this sytem revealed that the breakdown of the refrigeration plant caused the methylene blue test failure in one case. In three other cases the failures were found to be due to the Channel Island milk being produced too late for the departure of the refrigerated lorry container causing the milk to be a day older. These matters were remedied as a result of action taken by this department.

MILK SUPPLIES – BRUCELLA ABORTUS.

As all the milk sold in the borough was of one or other of the special designations involving heat treatment, no samples were taken for the testing for Brucella organisms.

PASTEURISATION PLANT HYGIENE.

Seventy-four visits were made to the local dairy plants for hygiene and checks were made on bottle washing machines by bacteriological tests. Checks were also made on the records kept by the pasteurisation plants with respect to temperatures and times of treatment of milk.

VISITS TO MILK DEALERS' PREMISES.

Three hundred and eighty five visits were made to various dealers selling milk in the town mainly in respect of the renewal of the 5 year licences held in accordance with the provisions of the Milk and Dairy Special Designation Regulations, 1963. Although there is this legal control by licensing, of the sale of milk from dealers' premises, the law does not require the keeping of milk under refrigeration by retail dealers before sale.

B. MEAT INSPECTION.

The two privately owned slaughterhouses situated within the Borough were again licensed in accordance with the provisions of the Food and Drugs Act following application to the Council by the owners. Certain items of repair and decoration were carried out as a result of routine inspections carried out by the department. All the meat passing through the slaughterhouses received detailed post mortem examination in accordance with the Meat Inspection Regulations and one inspector was on duty each day. The number of animals slaughtered did not vary a great deal from previous years, there being an additional 42 cattle, 4 calves, 161 sheep but 464 fewer pigs. The quality of the animals passing through remained high, the preference of the traders being for prime meat. Nine whole pig carcasses were condemned mainly for widespread abscess formation and emaciation but most of these animals were sent in as casualties by veterinary surgeons. In other animals various parts and organs were condemned as a result of localised infections and conditions. Three cases of tuberculosis were detected in cattle organs; they were small localised infections of little significance. 4.4% of pigs were affected with tuberculosis but these were localised lesions confined mainly to the mesenteric fat and heads.

The following table shows the number of animals killed and inspected and the number of carcasses or parts condemned :—

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	1850	—	5	1823	5659	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuberculosis and cysticercosis :—</i>						
Whole carcasses condemned	—	—	—	—	9	—
Carcasses of which some part or organ was condemned	546	—	—	53	1543	—
Percentage of the number inspected affected with diseases other than tuber- culosis	29.5%	—	—	2.9%	27.35%	—

Tuberculosis only :—

Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned	3	—	—	—	249	—
Percentage of the number inspected affected with tuberculosis	0.15%	—	—	—	4.4%	—

Cysticercosis :—

Carcases of which some part or organ was condemned	2	—	—	—	—	—
Carcases submitted to treat- ment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Details of Carcasses, Parts of Carcasses and Organs surrendered.

	Tuberculosis	Other Causes
Cattle carcasses (excluding cows)	—	—
Cow carcasses	—	—
Pig carcasses	—	9
Calf carcasses	—	—
Sheep carcasses	—	—
Bovine heads	—	11
„ tongues	—	—
„ livers	—	304
„ lungs	—	190
„ udders	—	1
„ spleens	—	12
Bovine kidneys	—	8
„ skirts	—	5
„ hearts	—	7
„ mesenteric fats	3	4
„ tripes	—	1
„ tails	—	—
Pigs' heads	113	39
„ plucks	4	88
„ hearts	2	173
„ kidneys	—	34
„ livers	—	342
„ mesenteric fats	148	24
„ spleens	—	67

	Tuberculosis	Other Causes
Pigs' udders	2	2
„ lungs	—	729
„ legs and feet	—	119
Calves' heads	—	—
„ livers	—	—
„ kidneys	—	—
Sheep plucks	—	4
„ livers	—	23
„ hearts	—	6
„ kidneys	—	—
„ heads	—	—
Beef	—	—
Pork	—	191 lbs.
Mutton	—	—

CONTROL OF THE DISPOSAL OF UNFIT MEAT AND OTHER UNFIT FOODS.

The Meat Sterilisation Regulations 1969 provisions are complied with in respect of all meat found to be unfit for human consumption, and sterilisation of this meat is carried out at a local processing factory before being used for purposes other than human food. Other unfit foods are disposed of on the Council's Refuse Tip by burial after being stained with a green dye.

C. ICE CREAM.

Three firms continued to manufacture their own ice cream in local factories. Inspections of their premises showed that the Heat Treatment and Cooling Measures incorporated in the plants complied with the conditions laid down by statute. A considerable quantity of ice cream sold locally was manufactured by firms outside the town and produced no problem unless the refrigeration temperatures were not maintained in the retail shops. About 30 traders sold ice cream from the "continuous freezer" type of machine. In view of the need for daily sterilising procedures necessary on these machines in stalls and kiosks, sampling for bacteriological quality was concentrated on this type of product.

Of 36 samples taken and submitted to the Public Health Laboratory for examination, 27 were classified Grade I, 5 Grade II and 4 Grade III.

Only the Grades I and II were considered satisfactory. Investigations were made at the dealers premises in respect of the four Grade III results. The routine sterilisation procedures were discussed with the traders concerned and warning letters sent. In one case the trader had a thermostat fault with the machine. Follow up samples taken on these machines were classified as Grade I, indicating that effective measures had been taken.

FOOD STANDARDS (ICE CREAM) REGULATIONS 1959.

A number of samples were taken for chemical analysis by the Public Analyst and all the samples were declared genuine. The fat content of the samples was over the minimum of 5% and ranged from 5.9% to 8.8%.

FOOD AND DRUGS ACT 1955 SECTION 16.

Ice cream Registrations with the Council under the provisions of the above-mentioned Act were as follows :—

Manufacturers	3
Retailers	355

Forty-nine visits were made to these manufacturers and retail premises resulting in the necessary measures being taken to bring premises and practices up to the requirements of the Regulations.

D. FOOD SAMPLES TAKEN IN ACCORDANCE WITH THE PROVISIONS OF THE FOOD AND DRUGS ACT, 1955.

Two hundred and twenty eight samples of various foods and drinks were submitted to the Public Analyst and as a result of the analyses, 17 samples (6.9%) were found to be unsatisfactory or not genuine in some respect. The following table shows the nature of the irregularity and the action taken by the Department. :—

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING UNSATISFACTORY OR NOT GENUINE

Article	Nature of Adulteration or Irregularity	Action Taken
Milk	Contains at least 3.0% added water	Dairy and sampling officer in which Dairy situated were notified but follow-up sampling revealed no added water. Further follow-up sample by this Department genuine; appears to have been isolated incident.
Milk Gums	Contained a foreign body (dirty vegetable debris)	Investigation by firm discovered foreign material to be black wine gum mixture from neighbouring batch of sweets. Notice given to firm to make arrangements to prevent future occurrences of this nature.
Sponge Pudding	Main description unsatisfactory; name and address of packer not clearly legible	Matter taken up with firm concerned but owing to some vagueness on the legal position no formal action taken.
Lemon Flavouring Essence	Contains a permitted food colour, a list of ingredients must therefore be given on the label	Firm admitted this to be an oversight. Revised label approved by this Department.
Extra Large Ripe Olives	Deficient in drained weight as compared with declaration	As further samples of the same product proved satisfactory, it appears that the original sample was an isolated case.
Spring Continental Vegetable Soup	Should be described as a "Soup Mix"	Firm's attention drawn to this matter but owing to the legal position being under review by the Ministry, matter left in abeyance for the present time.
Macedoine of Vegetables	List of ingredients in wrong order	Matter investigated by firm which brought out the complication of vegetables gaining in weight after processing because of absorption of water. Assurances given to rectify this matter in considering quantities in respect of future products.

Pate of Smoked Shrimps	Deficient in fish content; fat other than butter fat present but not included in the list of ingredients	Details given by manufacturers showed difference in conversion factor used in determining fish content but in the absence of any official conversion factor it was decided to leave the matter in abeyance.
Ravioli with Tomato Sauce	Deficient in meat content	Discussion ensued with manufacturers on legal meaning of Ravioli with respect to meat content and the original Italian composition was quoted as a basis in contradiction of the interpretation made by the Public Analyst with regard to the Canned Meat Regulations.
Milk	Deficient in N.F.S.. Contains 1.3% added water	Local Authority Officer of the area in which the milk was bottled was informed of the circumstances. Various samples were taken by that Authority but these samples proved to be satisfactory. As a further sample taken by this authority also proved to be satisfactory it appears that the case was an isolated incident.
High Tea	Contains baconburgers deficient in meat content	As it was possible that the baconburgers may have contained a higher meat content before entering the product, arrangements were made with the local authority in whose area the factory was situated to arrange for a sample to be taken of the sausages for meat content before being incorporated into the product. As the production of this product was discovered to be intermittent samples will be taken when the production of this article recommences
Liquid Whole Egg	Did not pass the alpha-amylase test for proper pasteurisation	Follow-up samples were taken from various churns of the liquid whole egg but all these subsequent samples were found to have passed the alpha-amylase test. Arrangements made for further checks to be made in the future on liquid whole egg from the same source.

Full Cream Evaporated	Can contained only 42 ml. of water and no milk. Seam defective and leaky	Investigation at factory concerned showed that the damaged empty can failed to hook over on seaming machine which caused further damage to seam at other end of can. Combination of two defective seams allowed can to pass leak detector gauge and this resulted in the milk being expelled under pressure in steriliser to be replaced with cooling water. Firm examining possible measures which could be taken on the plant in order to prevent future recurrence of this nature.
Mandarin Oranges	Drained weight low compared with that declared	Matter taken up with firm concerned who arranged to investigate the matter at the factory in which the fruit was canned in Formosa.
Draught Bitter Beer	Probably contains added water	As analysis showed low original gravity, matter taken up with the Brewer who stated that the type of beer in question did in fact have a low original gravity although not quite as low as that found in the sample. From investigations carried out on the premises and from the results of a further sample analysed by the Brewers it was concluded that watering was most unlikely to have occurred and that there were other factors which could have possibly contributed to the low original gravity found in the original sample especially as this differed only slightly from the gravity specified by the Brewer for the particular brew in question.

4 Bread Rolls

Contains 30 p.p.m. of copper

Investigation carried out at local Bakery showed that all metal parts of machinery involved in contact with the roll material were constructed of steel and cast iron except for the dividing head of the roll machine, the pistons of which were constructed of copper. Further samples of the roll material were taken including dough which had been subjected to more than normal contact with the copper pistons. As these samples were found to be genuine it was concluded that the copper contained in the original samples was due to its presence in one of the ingredients used at that time.

E. OTHER FOODS.

The following unfit foods were surrendered to the Department as a result of routine sampling, inspection, notification and complaint. Arrangements were made for all this food to be suitably stained by a green dye before burial in the Council's refuse tip :—

Baby Foods	239
Beverages	231 jars
Biscuits	82 lbs.
Cakes	20
Canned Foods	6,537 tins
Cereal	15 pkts.
Cheese	58 lbs.
Eggs	492
Frozen Foods	7,932 pkts.
Flour	751 lbs.
Meat	22,602 lbs.
Packet Foods	702 pkts.
Sauce	31 bottles

FOOD COMPLAINTS.

The number of complaints made to the Department regarding the condition of various foodstuffs by members of the public during the year amounted to 36. The foods involved were : beefburgers, meat pies, milk gums, milk powder, kipper fillets, mild beer, apple pie, meat dinner, shepherd pie, tinned pineapple, frozen fish, chocolate eclairs, lemon squash, bread roll, sausages, evaporated milk, bacon and ham, gin and rum, flour, marmalade, dried peas, luncheon meat, chocolate biscuits, milk, potato crisps, pearl barley.

Each case was the subject of detailed investigation by the Department. Some complaints proved to be in respect of genuine food. The "string" in beefburgers was found to be the muscular sheath membrane being a constituent of beef. Allegations of water in gin, rum and beer were dealt with by samples being taken at the premises concerned but these samples were declared genuine. The beer in question was a cheap weaker brand of beer, but nevertheless genuine. An interesting case investigated involved a can of evaporated milk found to contain water. A so called "million to one" chance occurred in that two defective seams coincided in being opposite to one another causing failure in the plant rejection unit. The milk was then expelled from the can to be replaced by cooling water. Dark green material in a chicken dinner proved to be vegetable fibres and not extraneous matter as thought. Black particles in milk gums was proved to be black wine gum mixture from a neighbouring line in the same factory.

Owing to the satisfactory co-operation of the food producers concerned in taking measures requested it was not found necessary to take legal proceedings although one trader received a warning letter after discussion of the complaint at the Public Health Committee.

THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963.

No imports were recorded during the year and it was not necessary to take any samples under the provisions of the above Regulations.

FOOD HYGIENE.

The staff shortage improved towards the end of the year and a re-start was made on routine inspections of food premises in addition to the investigations carried out as a result of complaints. New premises opening in the Borough were inspected at the time of opening to check on suitable hygiene. Notice in writing was given by this Department to the occupiers of food premises when contraventions of the Food Hygiene Regulations were discovered as a result of inspections. Although further visits and notices were given in certain cases the necessary results were obtained without recourse to legal proceedings. Visits were made to Market Stalls selling food and throughout the year special Saturday morning visits were made to check country stalls operating on that day. Various items which required remedy were drawn to the attention of the stallholders who complied after receiving informal notice from the Inspectors.

The following list gives the number of visits made to the various food premises in connection with food inspection and hygiene of buildings :—

Bakers	91
Butchers	312
Confectioners	54
Dairies and Milk Dealers	305
Fishmongers	97
Food Factories	138
Greengrocers	113
Grocers	737
Hotels and Boardinghouses	5
Ice Cream Premises	63
Imported Foods	214
Licensed Premises	91
Restaurants	148
School Kitchens	13
Slaughterhouses	995
Stalls	3,514
Motels	—

FOOD HYGIENE (GENERAL) REGULATIONS 1960.

The following information is included in accordance with the instructions contained in the Ministry of Health Circular 1/66 dated 11th January 1966 :—

Type of premises	Number of premises	Number of premises fitted to comply with Regulation 16 (wash-hand basins)	Number of premises to which Regulation 19 applies (facilities for washing food and equipment)	Number of premises fitted to comply with Regulation 19
Bakers and Confectioners	69	69	69	69
Canning factories	3	3	3	3
Butchers	44	44	44	44
Dairies and premises selling milk	90	90	90	90
Fishcurers	39	39	39	38
Flour Mills	2	2	2	2
Fried/Wetfish and Shellfish Mongers	74	74	74	74
Groceries and Provisions	66	66	25	25
Greengrocers	26	26	23	23
Ice Cream Manufacturers and Dealers	360	360	360	360
Mineral Water Manufacturers	1	1	1	1
Potato Crisp Manufacturers	1	1	1	1
Potato Dealers	6	6	6	6
Public Houses and Licensed Premises	172	172	172	172
Restaurants and Cafes	164	164	164	164
Slaughterhouses	2	2	2	2
Tripe Dressers	2	2	2	2
Wines and Spirits	14	14	—	—

POULTRY INSPECTION.

In accordance with the Ministry of Health Circular 1/69 the following details are given :—

- (i) Number of poultry processing premises within the district 1
- (ii) Number of visits to these premises 31
- (iii) Total number of birds processed during the year 5,662,587
- (iv) Types of birds processed—broilers and capons
- (v) Percentage of birds rejected as unfit for human consumption 0.73

(vi) Weight of poultry condemned as unfit for human consumption 53.7 tons

(vii) Comments on poultry processing and inspection :—

The standard of hygiene maintained at the local processing plant continued to be very satisfactory.

DISEASES OF ANIMALS ACTS

The following information has been obtained from the Diseases of Animals Act Inspector :—

ANTHRAX ORDER, 1938.

No cases of suspected anthrax were reported.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

Forty premises were licensed under this Order. Regular inspections were carried out.

SWINE FEVER ORDER 1963.

REGULATION OF MOVEMENT OF SWINE ORDER 1959.

SWINE FEVER (INFECTED AREAS RESTRICTIONS) ORDER 1958.

No cases of suspected swine fever were reported within the area of this local authority.

During the year 140 licences authorising the movement of 1,551 pigs were dealt with compared with 259 licences involving 3,850 pigs in 1969.

One hundred and forty eight visits were made to premises used for fattening pigs or bullocks or for keeping fowls, during the year.

Forty-four inspections were made of lairages to ensure that the regulations governing the export of animals were complied with.

IMPORTATION OF DOGS AND CATS ORDER 1928.

None were imported.

FOWL PEST ORDER, 1970.

On the 26th September the Borough was subject to this order and from then on, fowls were allowed to be moved on licence for slaughter only.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Two samples of fertilizer and 2 samples of feeding stuffs were taken from local firms during the year. As a result of analyses by the Agricultural Analyst, three of these samples were reported as having a composition within the limits of variation permitted and were de-

clared genuine. The sample of Compound Fertilizer was found to have excess soluble Phosphoric Acid, and Potash and a deficiency of insoluble phosphoric acid outside the limits of variation permitted by regulations made under the above-mentioned Act. The firm concerned was given notice of this result but it was not possible to take a follow-up sample owing to the stocks of this fertilizer all having been sold. The firm agreed to have more samples taken of fertilizers obtained by them in future in order to arrive at a more accurate statutory statement.

RODENT AND PEST CONTROL

Work dealing with Rodent and Pest Control was again carried out by the Pests Officer, with a staff of four rodent operators.

Complaints were dealt with as quickly as possible and the staff carried out regular inspections and surveys of premises to deal with infestations, where necessary.

There were increases in the numbers of notifications received in respect of both rats and mice. There was no evidence locally of resistance to warfarin. No black or ship rats were found. Legal action under The Prevention of Damage by Pests Act was not necessary.

On insect control, it was an abnormal year for the high number of wasps nests, and 72 of these were dealt with within the Borough. No instances of stings from these were reported.

The following table shows the number of infestations dealt with :—

	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district	22,158	4
2a. Total number of properties (including nearby premises) inspected following notification	3,849	—
2b. Number infested by (i) Rats	762	—
(ii) Mice	721	—
3a. Total number of properties inspected for rats and/or mice for reasons other than notification	2,119	4
3b. Number infested by (i) Rats	215	3
(ii) Mice	229	—

DWELLINGS AND GARDENS.

The Pests Officer made 597 visits; as a result of these, the following work was carried out :—

Holes in external walls made good	26
Fixing sub-floor ventilating grids	23
Disused lavatory pans sealed	19

Repairing minor defects to drains	13
Wire cages fixed to rainwater and soil and vent pipes	35
Garden and domestic refuse heaps removed	31
Sheds raised	9
Fowl houses raised, removed or rebuilt	12
Dustbins or other receptacles provided	7
Fixing collars to bird trays	6
Dealing with doors and windows of Closing and Demolition Order properties	17
Bills prohibiting the dumping of refuse	14

BUSINESS PROPERTIES.

Regular visits were made to all business properties which were under servicing contracts with the Council. Other premises were dealt with on a straight charge basis where measures to deal with infestations were necessary. Advice was given about the proofing of food premises where required, to prevent access by rodents.

COUNCIL PROPERTIES.

A service was provided to all council properties either upon request or following a routine visit, and rodent infestations were dealt with. In addition, other pests which were controlled included rabbits, moles and insects.

REFUSE TIPS.

Special attention was again given to the refuse tip in the Cobholm area, to prevent a build up of the rat population. The tip provides food and hide, the two essentials for infestation, and continuous treatment was carried out over the year.

ALLOTMENTS.

The rodent population was kept down to a minimum by constant observation and treatment where found necessary.

SEWERS.

Two treatments were again carried out, the first took place in April and May, and the second during October and November. As a result of these, it was found that the sewer rat population was again small.

AGRICULTURAL PROPERTIES.

Control measures were carried out where necessary to properties within this category. No action was necessary under the Dismantling of Ricks Act.

PORT AND HAVEN.

Details of work carried out at the quays and wharves within the Port area are shown in Table E of the Port Health report.

INSECT AND OTHER INFESTATIONS.

A wide range of insects and pests were again dealt with, or advice on measures to control them given. These were as follows :—

Ants	53
Bees	5
Beetles not specified	11
Bugs	2
Cockroaches	31
Fleas	16
Flies	2
Moles	12
Pigeons	17
Rabbits	17
Carpet Beetles	3
Bumble Bees	6
Clover Mites	3
Wasps	72

The Report of the Port Medical Officer

PORT OF GREAT YARMOUTH

INTRODUCTION.

This was the first complete year in which a member of the staff was engaged full time on Port Health duties. A major part of the work consisted of the inspection of vessels for the issue of deratting exemption certificates and owing to the greater number of ships visiting the port, a record number of 100 certificates were issued during the year. A large number of these certificates were issued to vessels associated with the oil and gas industry in the North Sea. There was also a large increase in the number of vessels inspected for other purposes. Activity in the port remained at a high level owing to the continued use of the port as a supply base for the oil and gas industries and to some increase in the amount of food imported by container vessel services.

This report is compiled in accordance with the Ministry of Health Circular 33/52. Additional information required in this quinquennial report is set out in Sections V, VIII, XIV, XV and XVI.

Section I -- STAFF

TABLE A.

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
R. G. NEWBERRY	Port Medical Officer	1.7.68	M.B., B.S. D.P.H.	Medical Officer of Health, County Borough of Great Yarmouth.
W. STEWART	Deputy Port Medical Officer	21.10.68	M.B.E., M.B., Ch.B., D.P.H.	Deputy Medical Officer of Health, County Borough of Great Yarmouth.
F. T. PORTER	Port Health Inspector	3.3.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Chief Public Health Inspector, County Borough of Great Yarmouth.
R. S. R. COLEMAN	Deputy Port Health Inspector	10.6.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Deputy Chief Public Health Inspector, County Borough of Great Yarmouth.
E. A. GOFFIN	Technical Assistant	19.5.69	B.O.T. Master's Certificate	None

Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

The following table shows the amount of shipping and tonnage arriving at the Port during 1970.

TABLE B.

Nos. of Foreign and Coastwise Shipping		Net Registered Tonnage	Number inspected By the By the M.O.H. Inspectors		No. of Ships re- ported as having infectious disease on board
Laden	1,534	516,270			
Ballast	158	39,002			
Repairs & Refuge	7	1,605			
Supply Vessels	2,604	441,084			
Totals	4,303	997,961	6	649	Nil

Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

PASSENGER TRAFFIC.

There were no “passengers only” vessels operating from the port during the year but one cargo container vessel had a certain amount of passenger accommodation for persons wishing to cross the North Sea. Many of the passengers were executives, technicians and businessmen involved in the North Sea Oil and Gas industry who use supply vessels for this purpose. Other types of passenger included the drivers of container vehicles entering the port with their vehicles to deliver cargoes to destinations in this country.

The number of passengers travelling in and out of the port during 1970 was as follows :—

	British	Aliens	
January :	291	154	Inwards
	30	64	Outwards
February :	114	130	Inwards
	33	85	Outwards
March :	122	137	Inwards
	53	84	Outwards
April :	176	220	Inwards
	76	104	Outwards

May :	276	224	Inwards
	96	109	Outwards
June :	257	321	Inwards
	112	115	Outwards
July :	128	263	Inwards
	64	122	Outwards
August :	283	325	Inwards
	129	155	Outwards
September :	243	325	Inwards
	122	155	Outwards
October :	163	175	Inwards
	83	126	Outwards
November :	122	34	Inwards
	126	67	Outwards
December :	116	118	Inwards
	22	77	Outwards
	<hr/>	<hr/>	
TOTAL	3,237	3,686	
	<hr/>	<hr/>	

TOTAL : British and Aliens Inwards : 4,717

British and Aliens Outwards : 2,206

Some passengers who entered the country through this port left either by another port or by air services.

CARGO TRAFFIC.

The amount of cargo traffic handled in the port was similar to last year and the activity connected with the North Sea Gas industry continued. The following table gives details of the quantity and nature of cargoes handled in the port as recorded by the Port and Haven Commissioners, to whom I am indebted for the information :—

FOREIGN IMPORTS

Fruit and Vegetables	31,340 tons
Grain :	
Wheat	16,063 tons
Maize	6,315 tons
Barley	751 tons
Others (Meal, etc.)	27,694 tons
Beverages (Beer, Wines, etc.)	476 tons
Groceries	50,521 tons
Timber	45,282 tons
Wood Pulp	13,508 tons
Iron Ore	472 tons
Fertilizer	35,164 tons
Chemicals	36,772 tons
Steel	2,947 tons
Machinery	2,442 tons
Others	35,577 tons

FOREIGN EXPORTS

Groceries	19,411 tons
Waste Paper	3,326 tons
Scrap	23,333 tons
Chemicals	10,575 tons
Iron and Steel	5,826 tons
Machinery	13,601 tons
Glass	11,603 tons
Caravans	2,368 tons
Livestock :	
Cattle	8,370 head
Sheep	10,669 head
Ponies	342 head
Pigs	604 head
Horses	61 head

COASTWISE IMPORTS

Grain	9,238 tons
Clay	351 tons
Petroleum :	
Gas Oil	93,056 tons
Britoleum	13,478 tons
Spirit	65,893 tons
Kerosene	17,409 tons
Crude Oil	460,444 tons
Others	2,387 tons

COASTWISE EXPORTS (Various)	474 tons
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NORTH SEA EXPLORATION (SUPPLY) INWARDS

Chemicals	2,583 tons
Cement	122 tons
Drilling Equipment	7,002 tons
Steel Pipes	3,254 tons

NORTH SEA EXPLORATION (SUPPLY) OUTWARDS

Chemicals	29,315 tons
Cement	9,693 tons
Drilling Equipment	20,047 tons
Steel Pipes	6,467 tons
Salt	7,517 tons
Others	561 tons

Various cargoes were also transported by vessels on the River Yare to and from the Norwich area.

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp, Ghent.

Denmark—Fredricksund, Copenhagen.

East Germany—Rostock, Wismar, Stralsund.

West Germany—Hamburg, Bremen, Cologne.

Finland—Kotka, Abo, Kemi.

Holland—Rotterdam, Amsterdam, Scheveningen, Maisluys.

Norway—Christiansund, Oslo, Trondheim, Drammen.

Sweden—Kalmar, Gothenburg, Larvik.

Poland—Stettin.

Section IV — INLAND BARGE TRAFFIC

There was no inland barge traffic during the year

Section V — WATER SUPPLY

(1) Source of supply for the District and Shipping.

Water supplied to shipping in this Port comes from the town's main supply. This is provided by the East Anglian Water Company who have an intake at Horning on the River Bure. Treatment is carried out by that Company and routine samplings show that the water is of a consistently satisfactory quality. Vessels using the Port obtain water from hydrants situated at various points on the quay of which 42 are on the east bank of the river and 18 on the west bank. Because vessels supplying north sea oil rigs require large quantities of water certain companies have constructed three water storage tanks in order to facilitate quicker loading. These tanks are maintained by and are the responsibility of the companies concerned.

(2) Reports on Tests for Contamination.

Information was received by the Department that a sample of water taken from a vessel by another Port Health Authority revealed contamination, but two bacteriological samples taken by this Department from the same vessel did not confirm this. Three bacteriological samples were taken at the beginning of the season from pleasure vessels serving refreshments to passengers, and these were reported to be satisfactory.

As a result of complaints from the crew of a North Sea rig of salty drinking water, five samples were taken from the vessels supplying water to the rig concerned, the water having been taken on from this Port. The results of the samples after chemical analysis showed contamination by sea water in three cases and that all the samples tasted stale.

Investigation showed that the supply ships concerned have cargo water tanks, sometimes connected to, and sometimes completely separate from, the crew's drinking water tanks. Although it is usual to cleanse frequently the crew's water tank this is not always the case with the cargo water tanks. Indeed, it was found that in certain cases these cargo tanks are also used as ballast tanks by taking in sea water when this is necessary. Notice was given to the firm concerned to cleanse and chlorinate the tanks in question before follow-up samples were taken.

(3) Precautions taken against contamination of hydrants and hosepipes.

The hydrants are operated by special staff employed by the East Anglian Water Company. A set routine of flushing and chlorine sterilization of the hydrant, standpipe and hoses is put into operation on each occasion before watering a vessel.

However, hoses used by the companies with the private tanks were seen on occasion to lack this protection from contamination. Notice was given by this Department to ensure proper cleansing and covered storage of the hoses used in watering their vessels.

(4) Water Boats.

There were no water boats in use in the Port during the year.

Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS.

1952 - 1970

1. List of Infected Areas.

Information regarding ports in Europe and on the Mediterranean coast is extracted from the World Health Organisations' weekly list, and a copy of this information is forwarded by post to the Waterguard Office of the local Custom House.

2. Radio Messages.

(a) Arrangements for sending permission by radio for ships to enter the district — Although Great Yarmouth is not a radio transmitting port, radio messages can be sent to ships through the Humber or North Foreland transmitting stations.

(b) Arrangements for receiving messages by radio from ships and for acting thereon — Arrangements for the receipt of radio messages are the same as for transmission. The telegraphic address is Portelth, Great Yarmouth.

3. Notifications otherwise than by Radio.

Messages are received by telephone from H.M. Inspector of Customs and Excise.

4. Mooring Stations.

(a) Within the docks — A berth will be made available, its situation being subject to conditions prevailing in the harbour at the time.

(b) Outside the docks — Yarmouth Roads anchorage.

5. Arrangements for :

(a) Hospital accommodation for infectious diseases (other than Smallpox — see Section VII) — Accommodation for infectious diseases other than smallpox is available at the West Norwich Hospital Isolation Unit.

(b) Surveillance and follow-up of contacts – The surveillance and follow-up of contacts would be undertaken by the Port Health Inspector under the direction of the Port Medical Officer.

(c) Cleansing and disinfection of ships, persons, clothing and other articles – In case of infectious disease, disinfection is carried out by the staff of the local authority. Persons are cleansed and clothing and other articles are disinfected as required under arrangements made by the local authority.

Section VII — SMALLPOX

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital, Foxall Heath, Ipswich, Suffolk (Tel. No. : Kesgrave 15).

(2) It has been agreed that the Ipswich Ambulance Service will undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport would be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich (Telephone number Ipswich 77211). The Ipswich Authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

(4) Specimens for laboratory examination will be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

Section VIII — VENEREAL DISEASE

Great Yarmouth V.D. Clinic is situated in Churchill Road, and sessions at which merchant seamen can attend are held as follows :—

Mondays — 9.30 a.m. - 12 noon.

Wednesdays — 3.0 p.m. - 6.30 p.m.

In-patient treatment when required would be carried out under arrangements with the Regional Hospital Board.

Masters of vessels are requested to report any cases of venereal disease among the crew, and advice is given as to when and where treatment may be obtained. Information slips regarding the clinic are issued to masters and ships' agents.

Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS

TABLE D. — Nil.

There was no evidence of any notifiable disease occurring in any vessel entering the Port during the year. Information regarding the health of the crew is obtained during routine inspection and vaccinal

states are checked. As a result of these checks thirty-four members of crews of various vessels were re-vaccinated. Requests were made for cholera injections and this was arranged for seven crew members.

Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No known cases of malaria occurred among crews of vessels entering the Port during the year.

Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No ships infected with or suspected for plague entered the Port.

Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) Procedure for inspection of ships for rats.

Since the appointment of a member of the staff on full time Port Health duties practically all ships entering the port received a routine inspection when the validity of the deratting certificate is checked. The demand for the renewal of deratting exemption certificates by Masters or Agents exceeded all expectations, and one hundred exemption certificates were issued during 1970. A contributory factor in this demand being the use of this port as a home base for a number of vessels involved in the North Sea Gas and Oil industry.

Before a certificate is issued, the accommodation of the vessel concerned is inspected for rodent indications and possible harbourage in the structure or equipment. Certain measures to reduce harbourage were carried out in a number of vessels where certificates were renewed.

(2) Arrangements for the bacteriological and pathological examination of rodents.

Specimens for this purpose would be submitted to the Norwich Public Health Laboratory but no rodents were sent for examination during the year.

(3) Arrangements for the deratting of ships.

No deratting certificates are issued as Great Yarmouth is not a designated port for this purpose and any vessels requiring such certificates are directed to the nearest designated approved Port. Treatment for rodents aboard a vessel is carried out as a temporary measure by the Rodent section of this Department under the supervision of the Port Health Inspector. This is normally done where infestations of mice are found.

(4) Progress in rat-proofing of ships.

Inspections on the latest designed vessels using the Port has shown that their structures are of a basic rat proof design although misuse of storage facilities by crews and the use of the ship has resulted in certain measures being requested by this Department. Any defects in the structure of old vessels is brought to the attention of the Master and the owners.

TABLE E.

Mice were discovered in two ships but no rats were found in any vessel. Once again the black rat appeared to be absent from the Port area, but 280 brown rats were estimated to have been destroyed by the Department's rodent staff in docks, quays, wharfs and warehouses.

TABLE F.

1. As Great Yarmouth is not a designated approved port, no Deratting Certificates were issued.

2. Great Yarmouth is approved for the issue of deratting exemption certificates and the number issued during the year was 100.

PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.

As a result of requests and routine inspection of the smaller coastwise vessels rodent control certificates were issued after a detailed inspection of the accommodation and structure.

Number of Rodent Control Certificates issued in accordance with the above-mentioned Order – 10.

Section XIII — INSPECTION OF SHIPS FOR NUISANCES

Most ships entering the Port were the subject of public health inspection by this Department and the majority of vessels were found to have a reasonably high standard of hygiene. However, a number of sanitation defects were discovered as follows :—

Defect	No. of Instances
Refuse on deck	3
Unfit food in crews' food store	1
Oil leak to Galley stove	1
Unclean crews' quarters	1
Accumulations of soot in galley and crews' quarters	1
Unclean ships hold used for transporting food stuffs	1
Grease and fat on galley floor	1
Defective pump to W.C. flushing tank	1
No proper department for Elsan closet	1
Unsatisfactory and blocked crews' toilets	2
Infestation with mice	2

In the case above in which the ship's sanitary accommodation was blocked, investigation revealed that this was caused by the vessel being overloaded thus bringing the out-let to a sufficient depth below the waterline to create back pressure. This cleared itself after unloading. Except in cases where the vessel sailed before a re-check, the other defects were rectified after notice to the Captain or owner and the following table shows the number of inspections and the number of notices served.

TABLE G.

	No. of inspections	Informal Notices served	Result of Notices served
British ships	233	22	9
Foreign ships	416	13	11
British Fishing Vessels	—	—	—
Total	649	35	20

Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948.

There are no shell fish beds within the Port area.

Section XV — MEDICAL INSPECTION OF ALIENS

Great Yarmouth is not an approved Port for the landing of aliens

Section XVI — MISCELLANEOUS

DEATH ON BOARD SHIP.

Should a death occur on board a ship in the Port the body will be removed to the mortuary and arrangement for interment made according to circumstances. One vessel was ordered to Yarmouth during the year where the body of a member of the crew was landed. The case was one of suicide.

UNLOADING NUISANCE.

One vessel unloading potash on a section of the Quay in close proximity to housing was the subject of complaints made to the Department. The dust nuisance was caused by cranes lifting out the powder from the hold of a vessel during high winds. As this had been the subject of complaints in the past arrangements were made with the Port and Haven Commissioners to ensure that all future ships carrying cargoes of this nature be allocated a berth in the Port away from housing.

NOISE ABATEMENT ACT, 1960.

Complaints were made to the Department regarding noise caused by the unloading of a container vessel which berths at 2 a.m. The complaints were received from the occupants of houses on the opposite side of the river and observations were carried out with the use of a sound level meter during the period of the unloading operations. As a result of these and other investigations it was considered that the volume of noise was not sufficient to have been regarded as a nuisance under the above-mentioned Act. The noise from the generator motors and ships engines was of a lower level than night traffic using the main road between the houses and the river but the Manager of the firm operating the vessel in question was requested to arrange for the noise from the unloading operations to be reduced as far as possible.

FOOD INSPECTION

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1968

Three firms continued to import food through the port in increasing quantities during the year. The majority of the foodstuffs enter on two container vessels, and one of the firms concerned is considering the operation of a sister ship to the existing vessel thus enabling two vessels to operate daily between this port and Holland. The large warehouse storing the considerable quantities of food is to be increased in capacity to take additional foods brought by the extra service. The daily service allowed for the continuation of the trade in fresh sea fish from Holland. This fish arrives packed in ice in insulated containers and inspection has shown that the quality is of a satisfactory standard for delivery to London and local fish markets. Fresh lettuce, tomatoes, cucumbers, cabbage, onions, grapes, oranges and grapefruit also arrived daily, most for destinations further inland.

Twelve samples were taken for examination by the Public Analyst but no significant amount of chemical or pesticide residues were discovered. The main bulk of the imported foods consisted of tinned goods, mainly meats, such as cooked hams, luncheon meats and chicken. However, lard, butter, cheese, tinned fruits, and other grocery items increased during the year. Inspections carried out resulted in small quantities of the following imported foods being surrendered to the Department as unfit for human consumption :

Spanish Onions	Tinned Hams and Shoulder Hams
Dutch Cucumber	Tinned Pineapple
Melons	Tinned Chicken
Peaches	Tinned Chopped Ham and Pork
Apples	Irish Stew
Oranges	Jars Beetroot
Tinned Tomatoes	Pkts. Lard
Tinned Blackberries	

Unfitness of vegetables and fresh fruits was mainly due to bad storage and handling, thus causing bruising and decomposition. In the canned and packeted foods, the main reason for unfitness was due to damage and contamination during the loading, although some items were the subject of unsoundness caused by manufacturing faults.

The disposal of these foods was supervised by this Department and the usual method of staining and burial on the Council's refuse tip was arranged.

Notifications were received from various ports during the year of uninspected consignments of foods to local firms, and these were inspected when necessary. One consignment of Dutch Frozen Whole Egg came through the port.

The number of inspections of imported food carried out by the Department during the year was 179.

Routine samples of imported foods were submitted to the Public Analyst and the following table shows the details :—

Food	No. submitted	Result of Analysis
Pickled Whole Baby Beetroots	1	Genuine
Stewed Apples	1	Genuine
Chopped Ham with Pork	1	Genuine
Pork Luncheon Meat	2	Genuine
Dutch Lard	1	Genuine
Evaporated Milk	3	Genuine
Pasteurised Whole Hen Egg Powder	1	Genuine
Chopped Pork with Cereal	1	Genuine
Boneless Skinless Ham	3	Genuine
Mandarin Oranges	2	Not genuine
Cooked Ham in Natural Juices	2	Genuine
Cooked Young Chicken in Jelly	3	Genuine
Dutch Cheese	1	Genuine
Chicken Supreme with Rice	1	Genuine
Irregular Yellow Cling Peach Slices	1	Genuine
Bulgarian Peeled Tomatoes	1	Genuine
Butter	1	Genuine
Chicken Filletts in Jelly	2	Genuine
Cooked Ham	1	Genuine
Dutch Lettuce	2	No significant amount of pesticide residue present.
Dutch Onions	1	
Dutch Cucumber	2	
Dutch Cabbage	1	
Dutch Tomatoes	1	
Spanish Grapes	2	
South African Oranges	2	
Cuban Grapefruit	1	

The tins of Mandarin Oranges were found to have a lower drained weight than declared giving too little fruit and too much syrup. Consultation with the Importer resulted in action being taken by the canning factory in Formosa.

The Report of The Principal School Medical Officer

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF GREAT YARMOUTH

Municipal Offices,
Great Yarmouth.

June 1971.

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the work of the School Health Service for the year 1970.

The revised school medical inspection scheme was started at the beginning of the year and a general report upon its operation and results is contained within the main body of this report. Approximately 20% of all pupils on the registers were examined during the year and the percentage of pupils found to require treatment was 17.4% compared with 19.3% in 1969. More than half of all defects found were associated with visual acuity. The results obtained from the examinations indicate that the general health of the school population remains at a satisfactory level. It may be noted that by comparison with last year's figures, girl entrants have returned to more average proportions, although they are still slightly heavier and taller than the boys in the same age group. This advantage is, however, lost by the time that both groups attain 11-11½ years of age.

The incidence of infectious disease was again low, although the measles notifications remained comparatively high. The figure of 159 notified cases is disappointing since immunisation is now available for protection against this disease. Shortage of vaccine in 1969 and the fact that most innovations take time to be accepted are probable causes for the figure being higher than expected. It should however be remembered that the last major epidemic was in 1965 with 436 cases notified, and previous epidemics produced much higher figures than even this.

In August, vaccination against German measles became available for selected groups of girl pupils and more information on this is given in the appropriate section of this report.

There was a satisfying decrease in the number of cases of scabies, ten only being detected against 50 in 1969 and 37 in 1968. This has been due in no small part to the energetic work put in by the Health Visitors and School Nurses.

In September, the Handicapped Pupil section of the School Health Service was strengthened by the addition to the staff of Dr. Vasishta as Educational Psychologist. Although part of his duties will be concerned with remedial teaching, his advice will be most welcome in the field of the educationally subnormal. The appointment of Dr. Vasishta is

particularly appropriate in view of the Department of Education and Science Circular 15/70 in respect of the Education (Handicapped Children) Act, 1970. This Act transfers the responsibility for junior training centres from Health Departments to Education Departments of local authorities. The centres will become special schools and will thus come within the purview of the School Health Service. The effective date of transfer is April 1st 1971.

It is with great regret that I record the death of my predecessor in May after only twenty two months of retirement. Dr. Grant's interests encompassed a wide field, but the mentally handicapped were always of particular concern to him and it was in recognition of this that the Education Committee in November unanimously resolved that the Junior Training Centre, when it becomes a new maintained special school, should be known as the John Grant School.

Mrs. K. L. Harries, the assistant dental officer, retired at the end of July after fifteen years with this authority. She agreed, however, to continue from September in a part time capacity in order to maintain the dental service at the Yarmouth Clinic until such time as it is possible to appoint a full time dental officer. For this, I know that I can add the Committee's gratitude to that of my own.

I wish to express my thanks to the Education Committee for their support during the year, to the Chief Education Officer and his staff and to the Head Teachers of all the schools for their assistance and co-operation.

I have the honour to be,

Your obedient servant,

R. G. NEWBERRY,

Principal School Medical Officer.

EDUCATION COMMITTEE

1970 - 1971

COUNCIL MEMBERS

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Councillor E. J. BARNES (to Oct. 1970)

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R. F. HORNER, Esq.

The Reverend J. MOSSEY

R. PACKARD, Esq.

The Reverend J. D. ROBINSON

STAFF OF SCHOOL HEALTH SERVICE

Principal School Medical Officer :

R. G. NEWBERRY, M.B., B.S., D.P.H.

School Medical Officers :

MARGARET R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.
W. STEWART, M.B.E., M.B., Ch.B., D.P.H.

Principal School Dental Officer :

B. C. CLAY, L.D.S., R.C.S.

School Dental Officer :

KATHERINE L. HARRIES, L.D.S., R.F.P.S.
(part-time from 1.9.70)

Ophthalmologist (part-time) :

DOROTHY K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

Consultants (East Anglian School) :

Ear, Nose and Throat—

P. S. DHASMANA, F.R.C.S.

Ophthalmic—P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

Educational Psychologist :

V. S. VASISHTA, M.A., Ph.D. (Lond.), M.A., B.Ed., Dip.Ed.Psych
(from 1.9.70)

Speech Therapist (part-time) :

Miss J. RUTT, L.C.S.T.

Superintendent Nursing Officer :

Miss G. C. MOORE, S.R.N., S.C.M., Queen's Nurse, H.V.cert.

School Nurses :

Miss R. WHILEY, S.R.N. (full-time)

Miss D. IRELAND, S.R.N. (full-time)

Mrs. J. FERNANDEZ, S.R.N. (part-time)

Chief Clerk : A. G. SHOOBRIDGE

Senior Clerk : L. C. BANHAM

Clinic Clerk : Miss E. COOPER

Dental Surgery Assistants :

Miss B. BOYES (part-time from 1.9.70)

Mrs. E. J. GEORGE

Miss D. HUDSON (part-time)

SCHOOL ATTENDANCE

The number of pupils on the registers in January 1970 was 8695, a decrease of 59 on the previous year's total.

The total number of pupils on the school registers in January of each year since 1960 was as follows :—

1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
9268	9226	9002	8757	8734	8691	8604	8566	8725	8754	8695

Average numbers on books and average attendance for the year ended 31st March 1970 :—

PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Cliff Park	240	176	160	91
Stradbroke	200	172	144	84
Peterhouse	280	269	244	91
Herman	240	201	182	91
Wroughton*	310	288	261	91
Edward Worlledge	120	131	115	88
Cobholm*	150	125	114	91
Greenacre	240	121	105	87
St. George's	200	170	151	88
Northgate/St. Andrew	160	165	150	91
Alderman Swindell	280	237	213	90
	2420	2055	1839	89
* including Nursery Class (30)				

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Juniors :</i>				
Cliff Park	480	387	362	93
Peterhouse	480	411	386	94
Herman	320	312	295	95
Wroughton	480	486	455	94
Edward Worlledge	320	266	247	93
Greenacre	240	178	163	92
Nelson	240	195	179	92
North Denes	320	296	264	89
	2880	2531	2351	93

SECONDARY SCHOOLS

Alderman Leach	360	312	276	88
Claydon	360	401	353	88
Cliff Park	420	440	408	93
Greenacre	360	221	202	91
Styles	300	269	244	91
Hospital	360	285	254	89
Grammar	540	463	420	91
High	540	424	390	92
Technical	680	671	632	94
	3920	3486	3179	91

VOLUNTARY SCHOOLS

St. Nicholas Junior	320	279	263	94
St. Mary's R.C. Junior	120	82	77	94
Infants	80	52	46	88
St. Edmunds Sec. Mod.	150	148	137	92
	670	561	523	93

SCHOOL MEDICAL INSPECTION

SELECTIVE MEDICAL EXAMINATION OF PUPILS

Early in the year a new system of medical inspection was introduced. The revised scheme was mentioned in the preface to the report for 1969, in which I stated that further information would be given in this year's report.

In the selective system, all new entrants to schools are examined as soon as practicable after admission. Thereafter, only those children found to have a disability at the first inspection will be brought forward for examination again. In addition to these, however, children will be examined at the request of parents, teachers, school nurses or health visitors. All pupils about to leave school are reviewed, but medical examination is restricted to those who appear to need it. The basis of selection is close liaison between the Head Teacher, the school nurse and the school doctor.

The forms now in use are given as an appendix to this report and a general explanation of their use follows.

NEW ENTRANTS

Head Teachers submit a list of new entrants to infant schools during the term of admission. The parent or guardian of each child is asked to complete a detailed questionnaire (Form S.M.1) which is sent with an explanatory letter (Form L.1). Form S.M.1 is available to the examining medical officer at the time of the medical inspection and is attached to the pupil's medical record card (Form 10M) as part of the medical record of the child.

INTERMEDIATE GROUP

This group consists of those pupils between 10 and 11 years of age who would normally be expected to leave junior school. During the penultimate term, Head Teachers submit a list of all pupils due to leave at the end of the following term. A second questionnaire (Form S.M.2) is sent to the parent or guardian with an explanatory letter (Form L.2). If an examination is considered necessary for any reason, or if the parent requests that the pupil be examined, then Form S.M.3 is used as in the past.

SCHOOL LEAVERS

Head Teachers submit, during the autumn term, a list of all pupils who are in their last year at school. Forms L.2 and S.M.2 are sent to the parent or guardian in the same way as for the intermediate group. The Forms S.M.2 when returned will be read in conjunction with the pupil's medical record card (10M) and a decision is then taken as to whether a full medical examination is required. Non return of the form results in a full examination taking place, the parent or guardian being notified in the usual way.

DEFECTS FOUND AT MEDICAL INSPECTIONS

Where a defect is found which is likely to need either treatment or advice from a consultant in the appropriate speciality, Form S.M.4 is used to inform the pupil's family doctor. This not only lets the doctor know of the defect, but also allows the general practitioner to take over the management of the case.

REQUESTS FOR EXAMINATION FROM FROM OTHER PERSONS

Head Teachers are supplied with Form S.M.5 and are using them. Although in many cases the reasons for referral are not such as to require urgent action, the forms are welcomed and are always followed up. The proverbial "stitch in time" applies very appropriately in many of these cases referred by the teaching staff.

TESTS FOR VISUAL DEFECTS

Independent investigations throughout the country indicate that nearly a quarter of all schoolchildren should be referred for full vision testing. One investigation showed that 18% of pupils above the age of 12 years wore glasses, and it is now becoming clear that the standard forms of vision testing in the school community are no longer sufficient for detecting all possible errors in eyesight. A vision screening apparatus has now been introduced into the school health service and although it was not in use for the year of this report, the appropriate forms, S.M.6 and S.M.7, have been included in the appendix for the sake of completeness. The instrument is, at present, shared between all schools in the Borough. I hope, however, to acquire another instrument so that schools East and West of the river will have their own, thus enabling an increase to be made in the frequency of vision screening.

The following tables provide statistical information on both the inspection of pupils and the scrutiny of returned forms.

Routine Inspections

	Examined	Examination not required
Entrants	759	—
Intermediate	458	267
Secondary leavers	368	416
	—	—
	1585	683
	—	—

Other Inspections

Special inspections	46
Re-inspections	33
	—
	79
	—

Pupils found to require treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected by year of birth	For defective Vision	For any other conditions	Total individual pupils
1966 and later	7	25	27
1965	15	49	52
1964	3	9	10
1963	—	2	2
1962	1	1	2
1961	1	2	2
1960	3	1	4
1959	36	15	49
1958	25	17	35
1957	—	—	—
1956	—	—	—
1955 and earlier	79	33	94
Totals	170	154	277

Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	17	3	1	—
Eyes :—				
Vision	170	73	14	1
Squint	32	10	2	—
Other	10	—	—	—
Ears :—				
Hearing	17	4	4	—
Otitis Media	8	16	—	—
Other	1	2	—	—
Nose and Throat	9	24	1	1
Speech	10	8	2	1
Lymphatic Glands	—	2	—	—
Heart	2	9	—	—
Lungs	15	12	1	1
Developmental :—				
Hernia	2	5	—	—
Other	5	18	—	3
Orthopædic				
Posture	3	1	—	—
Feet	9	5	—	—
Other	7	4	1	—
Nervous system :—				
Epilepsy	2	—	1	—
Other	2	4	—	1
Psychological :—				
Development	—	9	4	—
Stability	1	21	—	1
Abdomen	—	3	—	—
Other	2	43	—	1

Attendance of Parents

The attendance of parents is always welcomed, and in the case of new entrants, is actively encouraged. This is made clear in the wording of Form L.1 which, as is explained previously, accompanies Form S.M.1 to the pupil's parents. Appointment times are given in order to avoid unnecessary waiting. In spite of this however, the attendance of

parents followed the usual trend of being high for the entrants, slightly lower for the intermediate examinations and much lower for the leavers. The following table shows the percentages of attendances for the last ten years.

Parents attending the examination %										
	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Entrants	95	92	97	94	95	99	96	96	96	92
Intermediate	83	81	70	83	79	79	80	77	78	67
Leavers	31	34	21	16	16	17	12	18	12	7

Physical condition of pupils inspected

When the School Medical Officer has finished his examination of the child at the medical inspection, he is asked to record his opinion about the child's physical condition. Following the recommendation of the Ministry of Education the health of the child is described as either "satisfactory" or "unsatisfactory". It should be remembered that this assessment is based on the clinical opinion of the Medical Officer and that there is no absolute standard.

Year	No. of pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1970	1585	1585	100.0	—	—
1969	2317	2317	100.0	—	—
1968	1543	1543	100.0	—	—
1967	2579	2579	100.0	—	—
1966	1979	1979	100.0	—	—
1965	2301	2301	100.0	—	—
1964	2371	2362	99.6	9	0.4
1963	2090	2085	99.8	5	0.2
1962	1852	1847	99.7	5	0.3
1961	2318	2303	99.4	15	0.6
1960	1978	1967	99.4	11	0.6

Hearing Defects

Pupils suspected of suffering from hearing defects may be detected at school medical inspection or, more commonly, referred by Teachers or Parents, who have the children for longer periods of observation. They are all tested on a pure tone audiometer to assess the degree of hearing loss. The Medical Officer responsible for this service also works in close collaboration with the Speech Therapist, and cases are referred from the latter in order to eliminate the possibility of the fault in speech being due to a hearing defect.

FORM ANALYSIS

When a new form is presented to parents for completion, especially one which is comparatively detailed as compared with previous health questionnaires, the acceptability of the form is worthy of close study. All forms returned were scrutinised and assessed as "Completed", that is, every question answered; and "Not completed" where there were omissions, however minor in nature, on the form. The following figures, expressed as percentages, show a high degree of acceptability. There is similarity between the figures for junior leavers and senior leavers, which is not surprising since the same form is used for both. The figures for school entrants are lower, as was foreseen, Form S.M.1. being more complex and thus more difficult to complete than Form S.M.2.

Infant Schools	Form returned %	Completed %	Not completed %
Alderman Swindell	97.96	86.46	13.54
Cobholm	100.00	83.60	16.39
Edward Worlledge	100.00	89.47	10.53
Greenacre	97.82	88.88	11.11
Herman	96.66	87.93	12.06
Northgate	100.00	87.50	12.50
Peterhouse	97.95	90.62	9.37
St. George's	100.00	84.33	15.66
St. Mary's	100.00	73.91	26.08
Stradbroke	100.00	89.06	10.93
Wroughton	98.38	89.34	10.65
Average	98.97	86.46	13.53

Junior Schools	Form returned %	Completed %	Not completed %
Cliff Park	97.80	95.50	4.49
Edward Worlledge	90.32	100.00	—
Greenacre	100.00	95.65	4.34
Herman	93.93	100.00	—
Nelson	100.00	97.82	2.17
North Denes	100.00	93.15	6.84
Peterhouse	100.00	95.37	4.63
Priory	100.00	96.82	3.17
St. Louis	100.00	100.00	—
St. Mary's	100.00	94.12	5.88
Wroughton	98.02	96.96	3.03
Average	98.18	96.85	3.14

Secondary Schools	Form returned %	Completed %	Not completed %
Alderman Leach	96.66	96.55	3.43
Claydon	91.49	100.00	—
Cliff Park	93.75	98.88	1.12
Greenacre	91.49	95.35	4.65
Hospital	96.61	92.98	7.02
Styles	98.07	98.03	1.96
St. Edmund's	100.00	96.43	3.57
St. Louis	88.88	100.00	—
Grammar School	100.00	98.46	1.53
High School	98.63	97.22	2.77
Technical High	96.70	96.59	3.40
Average	95.66	97.37	2.63

The parents of school entrants are invited to discuss specific problems with the school doctor, and the percentages of those who indicated this desire on the returned forms are given in the following table. Form S.M.1 asks specifically if the parent will be attending the examination and the table also includes the answers given. There is a very close correlation between the answers given and the final parent attendance shown in a previous table. Inevitably, some parent will be prevented from attending on the day of the inspection for one reason or another, but the figures show however, that during the year the 'expected' attendance' was unusually accurate.

Infant Schools	"Matters to discuss"	"Will attend"
Alderman Swindell	14.58	94.79
Cobholm	16.39	96.72
Edward Worlledge	22.80	92.98
Greenacre	13.33	88.88
Herman	12.06	98.27
Northgate	15.00	95.00
Peterhouse	16.66	92.71
St. George's	19.27	83.13
St. Mary's	13.04	78.26
Stradbroke	12.50	90.62
Wroughton	23.77	97.54
Average	16.31	91.72

The parents of junior and senior leavers are invited to request a full medical examination of their children. Conversely, they can also indicate a request that no examination be carried out. Although the

modern pupil is well known for enterprise, it is assumed, for the purposes of this survey, that the request or refusal emanates from the parents. The results are tabulated in the following table.

Junior Schools	Examination requested %	Examination refused %
Cliff Park	49.43	17.97
Edward Worlledge	58.92	14.28
Greenacre	71.14	6.52
Herman	50.00	11.29
Nelson	80.43	8.69
North Denes	57.53	10.96
Peterhouse	53.70	9.26
Priory	52.38	15.87
St. Louis	63.63	18.18
St. Mary's	70.58	5.88
Wroughton	65.65	4.04
Average	61.27	11.17

Secondary Schools	Examination requested %	Examination refused %
Alderman Leach	48.27	25.86
Claydon	52.32	17.44
Cliff Park	53.33	23.33
Greenacre	46.51	13.95
Hospital	54.38	12.28
Styles	64.70	19.61
St. Edmund's	42.85	32.14
St. Louis	50.00	37.50
Grammar School	55.38	10.77
High School	44.44	20.83
Technical High	44.32	15.91
Average	50.59	20.87

Visual defects are assessed statistically on this occasion by the simple process of counting the relevant answers to the question “Have glasses ever been prescribed?” on Form S.M.2. The results show that there is some variation between schools. More significantly, the difference between the average for junior schools and that for the senior schools should be noted.

Junior Schools	Glasses prescribed %	Secondary Schools	Glasses prescribed %
Cliff Park	8.98	Alderman Leach	24.14
Edward Worlledge	16.07	Claydon	24.42
Greenacre	6.52	Cliff Park	27.77
Herman	12.90	Greenacre	32.56
Nelson	21.74	Hospital	31.57
North Denes	16.44	Styles	37.25
Peterhouse	12.96	St. Edmund's	10.71
Priory	11.11	St. Louis	37.50
St. Louis	—	Grammar School	29.23
St. Mary's	11.76	High School	33.33
Wroughton	7.07	Technical High	28.41
Average	11.41	Average	28.80

Form S.M.2 allows a choice of employment on leaving school to be inserted. Although not very appropriate in the case of the junior leaver, over 10% of pupils in this age group had indicated some preference for a particular job. One far seeing boy had inserted "Prime Minister", and no doubt should be complimented on his originality. The figures that are obviously of more importance from an educational point of view, are those obtained from a study of the forms returned by school leavers. The results are classified as "Employment stated", "Not known", and the space left blank.

	Employment stated %	Not known %	Left blank %
Alderman Leach	60.34	12.07	27.59
Claydon	62.79	8.14	29.06
Cliff Park	60.00	11.11	28.89
Greenacre	53.49	13.95	32.55
Hospital	61.40	10.53	28.07
Styles	60.78	13.73	25.49
St. Edmund's	28.57	28.57	42.85
St. Louis	—	75.00	25.00
Grammar School	35.38	26.15	38.46
High School	40.27	25.00	34.72
Technical High	43.18	15.90	40.90
Average	51.08	16.41	32.51

HEIGHTS AND WEIGHTS

The following tables show the averages of heights and weights of children between certain ages examined at the three routine medical inspections. The figures for 1970 and some previous years are included in the tables.

A. Girls

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs	1970	38	5 8/12	44.3 ins.	44.4 lbs.
	1969	61	5 8/12	44.8 ins.	46.6 lbs.
	1968	31	5 7/12	42.9 ins.	42.0 lbs.
	1967	64	5 7/12	43.9 ins.	44.3 lbs.
	1966	36	5 7/12	42.9 ins.	42.4 lbs.
	1965	43	5 8/12	43.2 ins.	45.0 lbs.
11-11½ yrs.	1970	133	11 3/12	55.8 ins.	79.4 lbs.
	1969	157	11 3/12	56.2 ins.	81.5 lbs.
	1968	94	11 3/12	57.0 ins.	85.4 lbs.
	1967	195	11 3/12	56.5 ins.	83.7 lbs.
	1966	194	11 3/12	56.4 ins.	81.5 lbs.
	1965	209	11 3/12	56.9 ins.	84.4 lbs.
14¼-14¾ yrs.	1970	24	14 7/12	62.5 ins.	109.6 lbs.
	1969	42	14 8/12	63.9 ins.	115.4 lbs.
	1968	98	14 7/12	62.7 ins.	115.3 lbs.
	1967	62	14 8/12	61.7 ins.	115.6 lbs.
	1966	63	14 7/12	62.1 ins.	114.6 lbs.
	1965	87	14 7/12	62.4 ins.	115.5 lbs.

B. Boys

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
5½-6 yrs.	1970	32	5 8/12	44.1 ins.	43.1 lbs.
	1969	76	5 8/12	44.2 ins.	44.8 lbs.
	1968	47	5 9/12	44.9 ins.	45.4 lbs.
	1967	80	5 7/12	42.2 ins.	45.6 lbs.
	1966	42	5 8/12	44.2 ins.	44.8 lbs.
	1965	43	5 8/12	44.0 ins.	45.4 lbs.
11-11½ yrs.	1970	97	11 3/12	56.7 ins.	81.9 lbs.
	1969	174	11 3/12	56.3 ins.	80.7 lbs.
	1968	107	11 3/12	56.4 ins.	83.2 lbs.
	1967	203	11 2/12	56.6 ins.	81.6 lbs.
	1966	194	11 3/12	56.8 ins.	82.6 lbs.
	1965	202	11 3/12	55.9 ins.	80.1 lbs.
14¼-14¾ yrs.	1970	28	14 8/12	64.0 ins.	118.0 lbs.
	1969	28	14 8/12	64.4 ins.	114.8 lbs.
	1968	91	14 7/12	64.0 ins.	118.8 lbs.
	1967	65	14 8/12	64.8 ins.	121.1 lbs.
	1966	54	14 7/12	64.4 ins.	118.8 lbs.
	1965	61	14 8/12	64.2 ins.	118.9 lbs.

TREATMENT

There are two school clinics in the Borough, one in Greyfriars Way, Great Yarmouth, and the other in Trafalgar Road East, Gorleston-on-Sea. Clinic sessions are held on each school day at the Yarmouth Clinic and on alternate days during the holidays. At the Gorleston Clinic the sessions are held every day unless the School Nurse is at a school. There are, however, always three sessions a week on alternate days, and where necessary a child can be seen on any day by prior arrangement with the Clinic. A doctor is in attendance once weekly at both Clinics and at other times the sessions are held under the direction of a Health Visitor or School Nurse.

These Clinics are primarily for the treatment of minor ailments and skin diseases such as cuts, abrasions, septic spots and warts. Some general practitioners refer their patients to the Clinics for the treatment of such conditions.

The Clinic sessions are also used for the special inspection of children referred by parents or head teachers and for the re-inspection of children in whom defects were discovered at a previous inspection.

The number of attendances at the Clinics for all purposes except errors of refraction for each of the past four years was as follows :—

	1970	1969	1968	1967	1966
Great Yarmouth	468	563	609	857	1055
Gorleston	930	972	1261	1101	972
	<hr/> 1398 <hr/>	<hr/> 1535 <hr/>	<hr/> 1870 <hr/>	<hr/> 1958 <hr/>	<hr/> 2027 <hr/>

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

The treatment of minor skin disorders continued to form a large part of the work among school children, and a total of 342 children were known to have been dealt with compared to 354 last year. Of these cases, 65 were treated at hospital and 277 at the Clinics. Warts either on the hands or on the feet formed the majority of skin conditions seen, and 157 cases were treated. Other conditions included 8 cases of impetigo. There were 10 cases of scabies.

Year	1970	1969	1968	1967	1966
Cases	342	354	377	351	316

EYE DISEASES, DEFECTIVE VISION AND SQUINT

Mild degrees of conjunctivitis, blepharitis and other simple conditions were treated at the Minor Ailment Clinic and 12 cases attended during the year, more serious cases being referred to hospital.

Ophthalmic clinics for testing vision were held every Tuesday, and if the numbers justified it, extra clinics were held on Fridays. The numbers of children attending remained much the same as in previous years, 466 attending the clinic and a further 206 being dealt with at hospital.

The following table summarises the work done :—

	Number of cases known to have been dealt with
Diseases or other defects of the eye, excluding errors of refraction and squint	30
Errors of refraction including squint	652
Total	682
Number of pupils for whom spectacles were prescribed	350

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 2. The number who received operative treatment at the hospital for tonsils and adenoids was 154 compared with 161 last year.

	Number of cases known to have been dealt with
Received operative treatment :—	
for diseases of the ear	8
for adenoids and chronic tonsilitis	154
for other nose and throat conditions	4
Received other forms of treatment	5
Total	171

ORTHOPAEDIC AND POSTURAL DEFECTS

There are no arrangements for specialist orthopaedic treatment made by the Authority. Any child found to require treatment is referred to the out-patient clinic at the local hospital.

The number of children known to have been treated at the out-patient department was 397 compared with 352 last year.

CHILD GUIDANCE

The Child Guidance Clinic is provided by the hospital authorities and is held on Wednesday morning each week at Northgate Hospital.

There were 28 clinic sessions held during the course of the year. Of the 102 patients attending, 37 were patients who had not previously attended the clinic, and 65 were cases being followed up. The sessions were held by Dr. I. N. S. Heald, Consultant Psychiatrist, Little Plumstead Hospital.

SPEECH THERAPY

There was no change in the arrangements for speech therapy. The therapist held two sessions per week at the clinics and also visited schools as required to discuss cases with teachers. The number of cases treated remained the same as in 1969. Efforts were made to recruit an additional Speech Therapist, but these unfortunately, were not successful.

The following is a statistical summary of the work at the speech clinics :—

	Yarmouth	Gorleston	Total
Cases treated	26	24	50
Attendances	369	320	689
New Cases	8	11	19
Discharged	8	6	14
Left area	—	—	—
Left school	—	—	—
Defects treated :			
Stammering	—	5	5
Retarded speech development	1	3	4
Dyslalia	22	13	35
Dysphasia	1	—	1
Deaf speech	—	1	1
Cleft Palate	2	1	3
Cerebral Palsy	—	1	1

ENURESIS

During 1970 alarms were issued to 10 boys and 8 girls. Cures were effected in seven boys and five girls. There was some improvement in two boys. In the four other cases either the alarm was not persevered with or the child reacted unfavourably to the alarm.

HANDICAPPED PUPILS

ASCERTAINMENT AND DISPOSAL.

During the year the following handicapped pupils were newly ascertained as requiring special educational treatment :—

Educationally subnormal	9
Maladjusted	3
Partially hearing	2

Of these and two others previously ascertained the disposal was as follows :—

Admitted to special schools or hostels	2 Partially hearing pupils. 1 Maladjusted pupil. 3 Educationally subnormal pupils.
Admitted to special classes in ordinary schools	6 Educationally subnormal pupils.
Awaiting places in special schools or hostels	2 Maladjusted pupils.

At the end of the year there were 117 pupils on the handicapped pupils register. The position may be summarised as follows :—

(1) Blind	Nil.
(2) Partially sighted	6—6 at special school.
(3) Deaf	5 at special schools.
(4) Partially hearing	23—7 at special school. 16 having special educational facilities at ordinary schools.
(5) Physically Handicapped	9—1 in special school. 8 having special educational facilities at ordinary schools.
(6) Maladjusted	5—3 in special schools or hostels. 2 awaiting places.
(7) Educationally Subnormal	68—11 in special schools. 57 in special classes in ordinary schools.
(8) Epileptic	1 in special school.

VACCINATION AND IMMUNISATION

RUBELLA

In July a Circular was received from the Department of Health and Social Security recommending that vaccination against Rubella (German Measles) be offered to all girls between their 11th and 14th birthdays, but that, initially, priority should be given to older girls, i.e. those in their 14th year. The purpose of this recommendation is to ensure that as many girls as possible are offered protection against german measles before reaching child-bearing age, because it is known that if a woman is infected with the disease during the early weeks of pregnancy, there is a serious risk of damage to the developing baby.

Immunisation is effected by one injection of the vaccine and was offered to schools in the autumn term. Initially the vaccine was supplied free of charge, but must be purchased by authorities after the 31st March 1971. Family doctors can also undertake the vaccinations and receive their supplies of vaccine from the Health Department.

By the end of the year 112 girls had been vaccinated.

DIPHTHERIA

The following table shows the number of children of school age who were immunised in this year and the previous three years, with either diphtheria/tetanus or diphtheria/tetanus/pertussis antigen.

	1970	1969	1968	1967
First immunisation	14	24	56	37
"Booster" doses	563	686	460	1004

TUBERCULOSIS

B.C.G. vaccination is offered to all school children of thirteen years of age and upwards and to all students attending establishments of further education. Vaccination is carried out by the use of the "Dermojet" which is rapid and virtually painless. The results obtained are comparable with the older, slower and more painful methods of immunisation.

At the end of the year 659 children had had preliminary skin tests and 619 had been vaccinated. All the pupils who were found to have positive skin reactions were referred to the Chest Clinic, but none was found to have active tuberculosis. The department would like to record its appreciation of the assistance given by Heads of Schools in providing facilities for the B.C.G. teams who visit the schools.

POLIOMYELITIS

The report on poliomyelitis vaccination in the town is contained in the report of the Medical Officer of Health. In relation to schools it is to be recorded that every child entering a primary school is offered a fourth dose of polio vaccine, or a complete course if he has not been previously vaccinated. In all 342 children received their fourth dose of vaccine.

TETANUS

Tetanus immunisation is available for schoolchildren and a combined diphtheria-tetanus antigen is used as a "booster" dose for children who had previously been immunised against both diseases. A small but significant number of parents are now requesting immunisation against tetanus for those children who, by virtue of age, did not receive this immunisation in the form of "Triple Antigen".

One hundred and fifty three children received either primary or booster doses during the year for tetanus only.

MEASLES.

Vaccination against Measles is now included in the list of measures to protect the school child. Sixty-two school children between four and seven years old were immunised and 187 pre-school children were also vaccinated.

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of school age during 1970 and also in the four previous years.

	1966	1967	1968	1969	1970
Scarlet fever	8	3	5	7	4
Measles	24	49	115	111	159
Whooping cough	2	—	3	—	—
Dysentery	6	2	—	1	—
Jaundice	6	1	5	5	3

The general incidence of infectious disease as indicated by cases notified, was again satisfactorily low. There were no cases of tuberculosis, diphtheria, poliomyelitis or whooping cough.

DEATHS OF SCHOOLCHILDREN

Two deaths occurred of children of school age.

- 1. The result of a road accident.
- 2. Progressive muscular atrophy.

INFESTATION WITH VERMIN

The arrangements for conducting the periodic surveys for infestation were continued as in previous years. Where infestation was detected the children were excluded from school and suitable medicaments were supplied by the Minor Ailments Clinics. Since many cases of infestation and re-infestation are produced by home contact with an infested older person, the close co-operation between school nurse and parents remains essential. To this end the issuing of the notices was discontinued, the nurses finding that the informal friendly approach to the parents proved to be more effective.

The following is a statistical survey of the work :—

Total number of examinations in the school by school nurses or other authorised persons	...	9377
Total number of individual pupils found to be infested		65

The following table shows, over the past 5 years, the number of children and percentage of the school population found to be infested

1966	85	0.9%
1967	68	0.8%
1968	62	0.7%
1969	94	1.8%
1970	65	0.7%

SCHOOL DENTAL SERVICE

B. C. CLAY, L.D.S., R.C.S., *Principal School Dental Officer*

The Principal School Dental Officer reports as follows :—

During the year the Borough suffered the loss through retirement after fifteen years' service of Mrs. K. Harries. She did return however after a short absence to work on a sessional basis (five sessions per week) until a replacement could be found. As a result of this reduced staffing it was not possible to inspect all the schools in the Yarmouth section during the course of the year. However, the five not visited were due at the end of the year and no doubt will be seen early in 1971. Even with this lower staffing the figures are not very much down on last year. No full dentures were supplied to pupils, a most welcome omission. Partial dentures continue to be supplied, generally to replace front teeth lost as a result of accident or neglect. It is regrettable that in spite of all the propaganda put out locally and nationally, there remains a hard core of people who will not accept dental treatment until the pain is no longer bearable and extraction inevitable. To this type of patient there is no meaning in "preventive dentistry", this attitude extending to other spheres such as medicine, education and employment. An ever bountiful state service is expected to make good all their deficiencies.

The Department of Education and Science tables which are quoted below summarise the work of the service.

Attendances and Treatment.

First visits	...	...	...	1878
Subsequent visits		...	...	1430
Total visits	...	...	...	3308
Additional courses of treatment commenced			...	433

Fillings in permanent teeth	...	...	2573
Fillings in deciduous teeth	...	...	1306
Permanent teeth filled	...	...	2263
Deciduous teeth filled	...	...	1219
Permanent teeth extracted	...	...	208
Deciduous teeth extracted	...	...	934
General anaesthetics	...	...	434
Emergencies	...	...	97
Number of pupils X-rayed	...	...	134
Prophylaxis	...	...	198
Teeth otherwise conserved	...	...	598
Teeth root filled	...	...	21
Inlays	...	...	Nil
Crowns	...	...	3
Courses of treatment completed	...	...	1928

Orthodontics.

Cases remaining from previous year	...	31
New cases commenced during the year	...	28
Cases completed during the year	...	35
Number of removable appliances fitted	...	64
Number of fixed appliances fitted	...	11
Pupils referred to Hospital Consultant	...	6
Cases discontinued during the year	...	3

Prosthetics.

Pupils supplied with full upper or full lower dentures	...	Nil
Pupils supplied with other dentures	...	10
Number of dentures supplied	...	12

Inspections.

First inspection at school	...	6839
First inspection at Clinic	...	983
Number found to require treatment	...	3197
Number offered treatment	...	2588
Number re-inspected at school clinic	...	1865
Number found to require treatment	...	791

PROVISION OF MILK AND MEALS

MILK

Up to 1st September 1968, a free allowance of $\frac{1}{3}$ pint of milk was available to all children attending school. From that date the provision of free milk to pupils at maintained secondary schools was stopped. The percentage of pupils who accepted milk was 86%. This was the same as the figure for junior schools in 1969.

MEALS

Mid-day meals were available for all pupils in maintained schools. The 35 dining centres were supplied from fourteen kitchens. From April 1968 to April 1969 free meals were available, without income limit, to the fourth and subsequent children of any family. This concession and the related publicity about free meals resulted in a marked increase in the number of free meals provided. With the removal of the concession, however, the number of free meals dropped.

The following table summarises the position for the financial year 1969-70, with figures for comparison with the two previous years.

	1967-68	1968-69	1969-70
Total number of meals provided	979,862	960,824	942,320
Number at maintained schools	937,167	925,730	908,610
Percentage of children having meals	53.3 %	53.4 %	53.6 %
Daily average number of free meals	716	1178	961
Daily average number of meals on payment	4,094	4,013	4,043
Total daily averages	4,810	5,191	5,004

EMPLOYMENT OF SCHOOLCHILDREN

As a requirement of the Byelaws of the Borough and of the Children and Young Persons Act 1933, children who are of school age and who undertake part-time work must obtain a permit from the Local Education Authority. This permit is dependent upon the granting of a certificate which states whether or not, in the opinion of the school medical officer, the particular form of employment will be detrimental to the child's health and his or her capacity for receiving education. Where considered necessary a medical examination is carried out.

The amount of work done by the department in this respect varies with the time of the year. The number of children making applications for a permit rises rapidly with the advent of the summer season, both for children taking part-time employment in shops and for those engaged in certain public entertainments. All pupils appearing in public entertainments are medically examined. 160 (including 11 for entertainment) were issued with certificates by the school medical officers during 1970.

YOUTH EMPLOYMENT

Confidential medical reports on both boys and girls when they leave school provide the Youth Employment Officer with information intended to help to avoid placing children in employment for which they may

be unsuitable. In addition to this function every local education authority must supply particulars of the school medical records and any other information which may be required by appointed factory doctors for their confidential use but in practice little use is made of this provision.

MEDICAL EXAMINATION OF TEACHERS

Medical examination of persons entering training colleges or the teaching profession were made in accordance with Ministry of Education circular 249 of 1952.

Fifty-one candidates for training colleges were examined during the year and 16 practising teachers were examined as to their fitness for employment by this authority.

SCHOOL HYGIENE

SCHOOL MILK.

Seventeen samples of school milk were taken for bacteriological examination and all the samples were reported as having passed the prescribed tests. Two samples failed the Methylene Blue Test but this was declared void as the overnight temperature at the laboratory exceeded the maximum laid down for this Test. 14 samples of school milk were taken during the year for the presence of antibiotics but no evidence of this type of drug was discovered. The same samples were also analysed by the Public Analyst for compositional quality and both the milk fat and the non-fat content were found to be well over the minimum standards laid down in the Regulations.

There were no cases of added water.

SCHOOL FOODS.

The names of the contractors supplying food for the School Meals Service were noted by the Department.

Inspections were made in respect of food supplied to the Schools and three complaints were investigated. In the first case the complaint involved dried peas emitting an offensive odour after soaking. Investigation and analysis indicated that the cause was the preparation procedure in the kitchen rather than the original condition of the peas. The period of soaking, the temperature of the water during the soaking period and the type of container used were thought to have contributed to the condition giving rise to the complaint. In the second complaint the quality of beef supplied to a school kitchen was said to contain yellow fat and dark muscle meat. Investigation showed that the meat was not unfit for human consumption but was frozen imported beef which would appear in the manner described. The contractor stated that he was forced to supply an alternative quality of meat due to the

fixed price of the contract in a period of rapid inflation of meat prices, and inspection of the invoice confirmed that the meat was specified as of frozen imported quality and thus suitable for supply to the School Meals Service. A complaint regarding the quality of cheese supplied to a school kitchen was considered to be justified in that it was found to have a very dry texture, hardened edges and lacking in taste and was not of the quality demanded. This was replaced by the supplier who emphasised that a world shortage of cheese prevented him from obtaining the quality he desired.

There were no cases of food poisoning or any other illness attributed to the consumption of school meals during the year.

SCHOOL SANITATION.

Detailed inspections of the school buildings and kitchens were again curtailed through staff shortage in the first half of the year but the recent improvement in the staffing position will enable such visits to take place in the near future.

COUNTY BOROUGH OF GREAT YARMOUTH

School Health Service

Health Department,
Municipal Offices,
Great Yarmouth.

Education Act, 1944, Section 48

NOTICE OF MEDICAL INSPECTION

Dear Parent,

The School Doctor is visiting
School on at to examine
your child, and it is hoped that you will be present. It is important
that you should attend because the examination is much more helpful
if the doctor can talk to you.

It is important, too, for the Doctor to have before the examination,
information which only mother, or somebody in close daily contact with
the child can give. I should therefore be grateful if you would answer
the attached list of questions and return it to the head teacher, or, if
any of the details are of a confidential nature, the form should be
sent in a sealed envelope to the Principal School Medical Officer, at
the address given above.

Yours faithfully,

R. G. NEWBERRY

Principal School Medical Officer.

To : the Parent or Guardian of
Name
Address
.....

COUNTY BOROUGH OF GREAT YARMOUTH
School Health Service
QUESTIONNAIRE

Child's Name
Date of birth
Home address
School

If the answer to a question is 'NO', put a circle round the 'NO'.
If the answer to a question is 'YES', put a circle round the 'YES'
Has your child been vaccinated or immunised against the follow-
ing? If 'YES', say where and when.

		Where?	When?
Small Pox	No	Yes	
Diphtheria	No	Yes	
Whooping Cough	No	Yes	
Tetanus	No	Yes	
Poliomyelitis	No	Yes	
Measles	No	Yes	
Tuberculosis (B.C.G.)	No	Yes	
Has your child ever had :—			
Whooping cough	No	Yes	
Measles	No	Yes	
Scarlet fever	No	Yes	
Mumps	No	Yes	
Chicken pox	No	Yes	
German measles	No	Yes	
Tuberculosis	No	Yes	
Pains in the joints or limbs	No	Yes	
Asthma	No	Yes	
A running ear	No	Yes	
Fits or convulsions	No	Yes	
Is his appetite poor?	No	Yes	
Does he have nightmares?	No	Yes	
Does his behaviour worry you in any way?	No	Yes	
Does he get frequent sore throats?	No	Yes	
Does a cold always go to his chest?	No	Yes	

What other serious illness, injury or operation has he had?
.....
.....

Is there any other matter which you would like to discuss with the
Doctor? No Yes

Name of family doctor
Has any member of the family suffered from any serious illness.
such as asthma, eczema, diabetes, T.B.?
Father Mother
Brothers or sisters Others
Will you be coming to the examination? No Yes

Relationship to child of person completing the form (i.e. Mother.
Father, Grandmother, etc.)
Date Signed

COUNTY BOROUGH OF GREAT YARMOUTH

School Health Service

Health Department,
Municipal Offices,
Great Yarmouth.

Dear Parent,

Education Act, 1944 – Section 48

School Health Service

In order that the school doctor can decide whether or not a full medical examination of your child is necessary, will you please answer the list of questions on the form overleaf.

If, in any case, you wish to have your child examined, please ring the 'YES' at the end of the form.

When you have completed the form you should return it to the Head Teacher of the school, if any of the details are of a confidential nature, the form should be sent in a sealed envelope, to the Principal School Medical Officer at the address given above. An appointment will only be sent for your child to be seen if, on perusal of the questionnaire, this seems advisable, or if you or the school request it.

Yours faithfully,

R. G. NEWBERRY

Principal School Medical Officer.

To : the Parent or Guardian of

QUESTIONNAIRE

Child’s surname

Child’s christian names

Date of birth

Home address

School

If the child has had any serious accident or injury during his/her school life, please give details
.....
.....
.....

What illnesses or operations has the child had during his/her school life?
.....
.....

Have glasses ever been prescribed? No / Yes

Has the child been protected by vaccination against the following diseases? – If yes, please give dates.

Smallpox	No / Yes.....
Tuberculosis (By B.C.G.)	No / Yes.....
Poliomyelitis	No / Yes.....
Diphtheria	No / Yes.....
Tetanus	No / Yes.....
Measles	No / Yes.....

I wish my child to have a full medical examination No / Yes

Child’s choice of employment on leaving school – if known
.....
.....

Date Signed
Parent/Guardian

Health Department,
Municipal Offices,
Great Yarmouth.

Dear Sir/Madam,

SCHOOL HEALTH SERVICE

Name of child

A School Medical Inspection will take place at
..... School, on
in accordance with the provisions of Section 48 of the Education Act,
1944.

You are invited to be present at o'clock when
your child will be examined, and the doctor will be pleased to discuss
with you any matters relating to the child's health.

Yours faithfully,

R. G. NEWBERRY

Principal School Medical Officer.

COUNTY BOROUGH OF GREAT YARMOUTH

School Health Service

Health Department,
Municipal Offices,
Great Yarmouth.

Dear Doctor,

The above-named child, who, I understand is a patient of yours,
was seen at a School Medical Examination on

It was found that
.....
.....
.....
.....

I have advised the parent to bring the child to see you during
your normal surgery hours. It is hoped that this will meet with your
approval.

Unless I hear from you to the contrary within seven days, I shall
assume that you have no objection to my referring the pupil to a
consultant for a further opinion.

Yours sincerely,

R. G. NEWBERRY

School Medical Officer.

Dr.
.....
.....

COUNTY BOROUGH OF GREAT YARMOUTH

School Health Service

Health Department,
Municipal Offices,
Great Yarmouth.

REQUEST FOR CONSULTATION

School

Name of Pupil

Date of Birth

Reason for request
.....

Referred by Parent/Head Teacher/Health Visitor/School Nurse.

Date Signed

KEYSTONE VISION SCREENING TEST

S.M.6

ILLITERATE CHILD

Pass
Refer

Name Tested without Glasses
Address Tested with Glasses
Date Age School

	DISTANCE					
	PASSED	FAILED	SNELLEN TEST TYPE			
DEPTH PERCEPTION						
COLOUR PERCEPTION						
VISUAL) RIGHT EYE	6/18 6/9	LESS THAN 6/18	RIGHT EYE		RIGHT EYE	
ACUITY) LEFT EYE	6/18 6/9	LESS THAN 6/18	LEFT EYE		LEFT EYE	
MUSCLE BALANCE					MUSCLE BALANCE	

Colour Vision Test: Passed Severe defect Mild defect

KEYSTONE VISION SCREENING TEST

S.M.7

LITERATE CHILD

Pass
Refer

Name Tested without Glasses
Address Tested with Glasses
Date Age School

	DISTANCE					
	PASSED	FAILED	SNELLEN TEST TYPE			
DEPTH PERCEPTION						
COLOUR PERCEPTION						
VISUAL) RIGHT EYE	6/9 6/6	LESS THAN 6/9	RIGHT EYE		RIGHT EYE	
ACUITY) LEFT EYE	6/9 6/6	LESS THAN 6/9	LEFT EYE		LEFT EYE	
MUSCLE BALANCE					MUSCLE BALANCE	

Colour Vision Test: Passed Severe defect Mild defect

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